this this

#### CERTIFICATE OF DEATH 1336

Reg. Dist. No. 28

I. PLACE OF DEATH		Z. USUAL RESIDENC	E (HOME) OF DECE	ASED
COUNTY Anne Arundel	MARYLAND	STATE Marylan	d COUNTY I	Baltimore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL end giv	ve neerest town)
OR and give nearest town)	(in this place)	OR TOWN Poltim	0:1	7. /
X Crownsville	lyr.7mos.29	days Darrom	ore City	3 VO 1 = 4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give loc	ation)
10 STREET ADDRESS Crownsville St	ate Hospital	844 Ca	rey Street	
3. NAME OF (First)	(Middla)	(Lest)	4. DATE (Month)	(D)
DECEASED	(mudaa)	(600)	OF (Month)	(Dey) (Year)
(Type or Print) Fred		Abrams	DEATH 2	5 19 56
S. SEX   6. COLOR OR   7. SINGLE,			AGE last birthday   IF L	UNDER 1 YEAR   IF UNDER 24 HRS.
	VED, DIVORCED,	11 100	Mo	nths Deys Hours Min.
Mare Megro	Debarated	/6/83	72 yrs	-   -   -   -
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
refired) Unknown	OK INDUSTRY	Maryland		U. S. A
				1 0. 5. 141
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME	1 1
Johnson Vincelo 13.0	Manua	Halman	malino !	Lordaine
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	1000 paris
(Yes, no, or unk.) (If Yes, give war or dates of servica)		I I I I I I I I I I I I I I I I I I I	DALOO	
Unk. Unk.	Unknown	Hospita	1 Records	
	18. MEDICAL CI			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO				ONSET AND DEATH
IMMEDIATE CAUSE (A)	Arteriosclerotic	Cardiovascular	Disease	
2012				
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH,				
	IDINGS OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   216. PLAC	E (Homa, ferm, factory,	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	straet, office bldg., atc.)		,,	(3,0,0)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e, INJURY OCCURRED			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour	While - Not while -	21f. HOW DID INJURY OCCUR?		
M.				
22. I hereby certify that I attended the	decared from 6/7	10 51, 1-	15 10 56	has I had a seed to be
22. I hereby certify that I allehoed the	deceased from	6 • 05n	y	nat I last saw the deceased
alive on 2/5 19 56	, and that death occurred	at	uses and on the date	stated above.
SIGNATURE WILLIAM	L. Benedic	t. M. D.) ADDRI	ESS (Street, city, town, sta	te) DATE SIGNED
	4 404	Crownsv	ille, Md.	2/5/56
23. BURIAL, CREMATION, DATE THEPEOD	NAMELO CEMBERRO		LOCATION (City, town, or	
O REMOVAL (SPECIFY)	0112	m. 10	R M. Iowii, of	The (State)
REMOVAL (SPECIFY) 2/9/56	themilio	We say how	dellimo	u Md
24. REC'D BY REGISTRAR   REGISTRAR'S SIG	NATURE	26 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
HFB0 1900 170	m //	W. 4 1/ 1/	M 134871	006. 1
DATE AU.	11. Janean	JUAN II. KOYA	MA 1.548 //.	CLAMAN II

INSTRUCTIO

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death. The bottom copy may be retained by the hospital or attending physician. 0

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	TODE WELL	ed Latin Print Days	1.00,000	a de la companie de l	
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		and the same of			
	12	E-19		C'A	
		Since Street	Barrier Speak	1.	
	35000 150	Statistical	energen (energen) Energen (energen) Diction (on otton)	Benderic and grant with the same of the sa	
REAU V. S.		des de la company			
LEB 3 In					

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01275

Reg.	Dist.	No.	21

1	1300		Reg. C	ist. No. 21			
ħ	1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEA	SED			
ā	COUNTY & WARYLAND	STATE Maryla	and county	a.a.			
-	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and give	neerest town)			
7	OR and give neerest town) (in this place)	OR TOWN TO COL	raton	0			
-	HOSPITAL OR	STREET Edge	(If rure) give locet	inal			
	INSTITUTION OR STREET ADDRESS	ADDRESS		(Oli)			
	4. 4. Juli. 110 get-	South					
	3. NAME OF (First) (Middle) DECEASED	(Lest)	4. DATE (Month)	(Dey) (Year)			
	(Type or Print) WILLIAM Melville A17	CHISON	DEATH 2	2 1956			
Н		OF BIRTH		DER 1 YEAR IF UNDER 24 HR			
	Male White Mafriled Aug.	14,1887	68 yrs. Mont	hs Deys Hours Min.			
П	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig		1 12. CITIZEN OF WHAT			
7	done during most of working lile, even if retired) Civil Engineer Dept. of Army	047 04+	Da	COUNTRY?			
1	13. FATHER'S NAME	Oil City,	- a.e	0.0.20			
	IS. PAINER S NAME		/ n l				
	Jámes Aitchison	, Adelaide	(3)				
	15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS				
1	YESDischarged 8/22/1919	- Mrs. Jane	et N. Aitchi	son, Wife			
3	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
		- 1. A. D.		2 - J HPC			
	4 MMEDIATE CAUSE (A) TURMONARY COTT	College Con Co		27/10			
	ANTECEDENT CAUSE(S) DUE TO	fr. 20 6	and for	11 have			
	DISEASES OR CONDITIONS, IF ANY, (B)	wall and	curdities.	11 611 3.			
	STATING UNDERLYING CAUSE LAST. DUE TO LEF MILLY TIES & TA	PAYTOCUCUS	ALIPELIE	MARKE			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 ATTOCOCCOS	TIVALUS	11 011/3			
	TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING DEATH			20. AUTOPSY?			
2	DE MINOR INDICO S. STERVINGT			YES NO			
		21c. WHERE DID INJURY OCCUR	? (City or town) (	County) (State)			
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR	?	1			
	M. et work et work						
	22. I hereby certify that I attended the deceased from 1/22	- 1956. to 7	12 19.5 ( the	at I last saw the deceased			
	alive on 2/2 , 19.5 c , and that death occurred at	12.1					
×	SIGNATURE /		RESS (Street, city, town, stele				
2 10M	the the Stink und	11. lesither	tot fire (4	nepelio 2/2K			
1-55	23. BURIAT, CREMATION, PATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or co	unity (State)			
A15C	70	Nat'l.Cem.		1			
× ×	Burial REC'D BY REGISTRAR REGISTRAN REGISTRANCE REGISTRANCE REC'D BY REGISTRANCE REGISTRAN	2S. FUNERAL DIRECTOR'S	Arlington,	Va. ADDRESS			
>		23. PUNERAL DIRECTOR'S	1756	Pa. Aye., N.V			
	DATE Feb. 6.1956	Though Truller	- SMA	Co My Co Mo			

ST. BEOMETICAL PROPERTY OF THE SALTH-SALTIMONS, IN

## CERTIFICATE OF DEATH

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divil marineer weet. of army 1011, Pa.

The Jenet M. M. Mobleon, Wife . EX-, eath weather with a second as a

BUREAU V. E.

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Later Section

INSTRUCTIONS

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registrar within 72 hours after death. by the funeral director, the third cop

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01276

## CERTIFICATE OF DEATH

Item 8, FilmC	194 3-13-50 et							
1. PLACE OF DEATH		2. USUA	L RESIDENCE	(HOME) OF	DECEASE	D		
COUNTY Anne A	rundel	MARYLAND	STATE	Maryland	d COUNTY	Some	erset	
CITY (If outside corporati OR and give neerest to	e limits, write RURAL	LENGTH OF STAY (in this place)	CITY (I	l outside corporate	limits, write RURAL	end give nee	rest town)	
X TOWN Crowns		2mos. 14days		Westove			17;	C = 2.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ownsville State	Hosnital	STREET ADDRESS	None li		ive locetion)		
3. NAME OF		(Middla)	(Last)		4. DATE (Me	onth)	(Day)	(Year)
(Type or Print)	Maggie		Armwoo	d	OF DEATH		28	19 56
5. SEX   6. COLO	R OR 1 7. SINGLE, MARRI	ED, 8. DAJS	OF BIRTH		AGE lest birthday	I IF UNDER		IF UNDER 24 H
RACE	WIDOWED, DIV (Specify) Mr	rried No.	AR /Z	18982	58? yrs.	Months	Days	Hours M
Female   Negr	Pla	ND OF BUSINESS	I 11. BIRTHPLACE	(Stele or foreign co	, , , , , , , , , , , , , , , , , , , ,		CITIZEN	OF WHAT
done during most of worl	sing life, even if OR	INDUSTRY			,		COUNT	RY?
relired) Not know	1			ryland	727-91-77			U.S.
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN NAM	IE.			
John We	sley Maddox		Mi	rrhia Mad	ddox			
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO.	17. IN	FORMANT & ADDR	RESS			
(Yes, no, or unk.) (If Yes, g	ve war or detes of service)	19-0 th 56	75	lospital 1	Recente			
					TIC COL GO			
		18. MEDICAL CE	RTIFICATION				INTER	VAL BETWEEN
I DISEASES OR CONDITION	DIRECTLY LEADING TO DEATH							T AND DEAT
0.029	Hyne	rtensive Card			se	einee	Knows	T AND DEAT
44 IMMEDIATE CA	AUSE (A) Hype:				se	since	Knows	T AND DEAT
MMEDIATE CA	AUSE(S) DUE TO Hype:				5 <b>e</b>	since	Knows	T AND DEAT
IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV	AUSE (A) Hype: AUSE(S) DUE TO IF ANY, (B) E CAUSE				se .	since	Knows	T AND DEATH
ANTECEDENT CA	AUSE (A) Hype: AUSE(S) DUE TO IF ANY, (B) E CAUSE				se .	since	Knows	T AND DEATH
ANTECEDENT CANDISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU	AUSE (A) Hype: AUSE(S) DUE TO IF ANY, (B) E CAUSE SISE LAST. (C) ORTHONS CONTRIBUTING				se .	since	Knows	T AND DEATH
ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU	AUSE (A) Hype: AUSE(S) DUE TO IF ANY, (B) E CAUSE SE LAST. (C) OPTIONS CONTRIBUTING ELATED TO THE				3e	since	Knows	VAL BETWEEN T AND DEATH 1 GO US
IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R	AUSE (A) Hype: AUSE(S) DUE TO IF ANY, (B) E CAUSE SE LAST. (C) OPTIONS CONTRIBUTING ELATED TO THE	rtensive Card			3e	since	Knows 12/3	T AND DEATH
ANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECED CANTE	AUSE (A)  AUSE(S) DUE TO  IF ANY, (B)  E CAUSE SE LAST. DUE TO (C)  ITIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS	rtensive Card	liovascul	ar Diseas		since	Knows 12/3	T AND DEATH
ANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECED CANTEC	AUSE (A)  AUSE(S) DUE TO  IF ANY, (B)  E CAUSE SE LAST.  (C)  OFIONS CONTRIBUTING ELATED TO THE  AUSING DEATH.  19b. MAJOR FINDINGS  LLYING   21b. PLACE (Homorope DEATH OF INJURY street, or in	OF OPERATION  o, farm, fectory,	liovascul			Since	Knows 12/1	AUTOPSY?
IMMEDIATE CA  ANTECEDENT CA  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU  IT OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	AUSE (A)  AUSE(S) DUE TO  IF ANY, (B)  E CAUSE SE LAST.  (C)  PITIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS  ILYING   21b. PLACE (Homore August) OF DEATH (AMINER)	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED  Not while	iovascul	ar Diseas			Knows 12/1	AUTOPSY?
IMMEDIATE CA  ANTECEDENT CA  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  216. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)  21d. TIME OF INJURY (Mon	AUSE (A)  AUSE(S)  IF ANY, (B)  E CAUSE SE LAST.  (C)  INTIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS  LLYING 21b. PLACE (Homotope Candidate)  OF DEATH OF INJURY street, candidate  AMINER)  (Hour) 21b. PLACE (Homotope Candidate)  OF DEATH OF INJURY street, candidate  Mh. et w	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED Not while ork et work	21c. WHERE DID	ar Diseas	(City or town)	(Cour	(now) 12/1	AUTOPSY?  (Stete)
IMMEDIATE CA  ANTECEDENT CA  DISEASE OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  21e. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)  21d. TIME OF INJURY (Mone)  22. I hereby certify	AUSE (A)  AUSE(S)  DUE TO  IF ANY, (B)  E CAUSE  SE LAST. (C)  OF TO THE  AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorof Death (AMINER)  Whi (Day) (Yaar) (Hour) 21e.  Whi of w	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED le Not while ork el work assed from 12/14	21c. WHERE DID	INJURY OCCUR?	(City or town)	(Cour	12/1 20. YES	AUTOPSY?  (Stete)
IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. TIME OF INJURY (Mon  22. I hereby certify alive on	AUSE (A)  AUSE(S)  DUE TO  IF ANY, (B)  E CAUSE  SE LAST. (C)  OF TO THE  AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorof Death (AMINER)  Whi (Day) (Yaar) (Hour) 21e.  Whi of w	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED Not while ork et work	21c. WHERE DID	INJURY OCCUR?  INJURY OCCUR?  Injury occur?	(City or town)  28, 19. 56	(Cour	12/1 20. YES alast sawed above	AUTOPSY? NO (Stote)
IMMEDIATE CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECED CANTE	AUSE (A)  AUSE(S)  DUE TO  IF ANY, (B)  E CAUSE  SE LAST. (C)  OF TO THE  AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorof Death (AMINER)  Whi (Day) (Yaar) (Hour) 21e.  Whi of w	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED le Not while ork el work assed from 12/14	21c. WHERE DID	INJURY OCCUR?  INJURY OCCUR?  Injury occur?  Injury occur?	(City or town)  28, 19.56 es and on the	(Cour	12/1 20. YES alast sawed above	AUTOPSY?  (Stete)
IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  21. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL ES 21d. TIME OF INJURY (Mon  22. I hereby certify alive on 24.2.3	AUSE (A) Hype:  AUSE(S) DUE TO  IF ANY, (B) E CAUSE ISE LAST.  (C)  INTIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorofop Death of NJURY street, of NJURY street, of No. 1 while of the No. 2 whil	OF OPERATION  e. farm, fectory, office bldg., etc.)  INJURY OCCURRED le work et work assed from 12/14	21r. WHERE DID	injury occur?  injury occur?  injury occur?  from the caus address Crown	(City or town)  28, 19.56 es and on the ss (Street, city, to	(Cour	20. YES  last sawed above	AUTOPSY? NO (Stete)  The decea
IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. TIME OF INJURY (Mon  22. I hereby certify alive on	AUSE (A)  AUSE(S)  DUE TO  IF ANY, (B)  E CAUSE  SE LAST. (C)  OF TO THE  AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorof Death (AMINER)  Whi (Day) (Yaar) (Hour) 21e.  Whi of w	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED le Not while ork el work assed from 12/14	21r. WHERE DID	injury occur?  injury occur?  injury occur?  from the caus address Crown	(City or town)  28, 19.56 es and on the	(Cour	20. YES  last sawed above	AUTOPSY?  (Stete)  The decea
IMMEDIATE CO.  ANTECEDENT CO.  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  21. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)  21. TIME OF INJURY (Mon  22. I hereby certify alive on	AUSE (A) Hype:  AUSE(S) DUE TO  IF ANY, (B) E CAUSE ISE LAST.  (C)  INTIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS  LYING   21b. PLACE (Homorofop Death of NJURY street, of NJURY street, of No. 1 while of the No. 2 whil	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED of while of work ased from 12/14	21r. WHERE DID	injury occur?  injury occur?  injury occur?  from the caus  Address  Crown	(City or town)  28, 19.56  es and on the ss (Street, city, to SVIIIe, 1)  OCATION (City, to Steate	(Cour	20. YES  last sawed above	AUTOPSY? NO (Stete)
IMMEDIATE CO ANTECEDENT CO ANTECEDENT CO DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION C  19. DATE OF OPERATION  21. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E  21d. TIME OF INJURY (Mon  22. I hereby certify alive on	AUSE (A) Hype:  AUSE(S) DUE TO  IF ANY, (B)  E CAUSE SE LAST.  O(C)  OITIONS CONTRIBUTING ELATED TO THE AUSING DEATH.  19b. MAJOR FINDINGS  LLYING OF DEATH OF DEATH OF DEATH OF DEATH OF JULY Street, (AMINER)  That I attended the deceived of the control of the c	OF OPERATION  e, farm, fectory, office bldg., etc.)  INJURY OCCURRED of while of work ased from 12/14	21c. WHERE DID  21f. HOW DID	injury occur?  injury occur?  injury occur?  from the caus  Address  Crown	(City or town)  28, 19.56  es and on the ss (Street, city, to SVIIIe, 1)  OCATION (City, to Steate	(Cour	(now) 12/1 20. YES noty) adabove adabove	AUTOPSY? NO (Stete)

## DERTIFICATE OF DEATH

To take I Define at his and a lamb to the

BUREAU V. S.

1301

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PLACE OF DEATH:   COUNTY Anne Arundel   MARYLAND	MEDICAL EXAMINER'S CER	THICATE OF DEATH No. 21
CITY (If outside corporate limits, write RURAL OR and the place)  OR and give nearest governorm of the place	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
OR and give nearest town) TOWN Anna polis  HOSPITAL OR HOSPITALOR STREET ADDRESS 1108 Eastport Terrace  J. AAME OF DECASED: (Type or Print) SECTION HARRY ATHANAS ATHANAS ATHANAS ATHANAS  J. DATE OF BIRTH: S. SEX: (ACE: R. ACE: WIDOWED, DIVORED, S. DATE OF BIRTH: S. AGE isst birthday; I PURDEZ LARGE, Male Wilder Systems Hospital OR Hospital	county Anne Arundel MARYLAND	STATE Maryland county anne Arundel
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1108 Eastport Terrace    STREET ADDRESS 1108 Eastport Terrace   STREET ADDRESS 1108 Eastport Terrace   1108 Eastport   1108 Eastport Terrace   1108 Eastport   1108 Eastport Terrace   1108 Eastport Terrace   1108 Eastport   1108 Eastport	OR and give nearest town) (in this place)	OR
S. NAME OF DECEASED: (Type or Print)  HARRY  ATHANAS  ATH	INSTITUTION OR	STREET (If rural, give location)
S. DATE   G. COLOR OR RACE:   7. SINGLE, MARRIED, White   1. Subowed, and unique most of work life, even if retired). Manager   100 kills, line of the color of	DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
Male RACE: WIDOWED, DIVORCED.  10a. USUAL OCCUPATION (Give kind of work done during most of work in relievel): Manager  15. FATHER'S NAME:  15. FATHER'S NAME:  16. SOCIAL SECURITY NO.: 14. MOTHER'S MAIDEN NAME:  17. INFORMANT & ADDRESS:  18. WEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  19. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PLANES OR CONTRIBUTING DISEASE OR CONTRIBUTING OF DEATH:  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS FINDING OF OPERATION:  21b. PLACE (Home, farm, factory, OF PRIMARY & ADDRESS) Anne Arundel Maryland find that death resulted from: Natural causes And Death (Study While at Motivable While at Motivable While at Motivable Mile Mile Mile Mile Mile Mile Mile Mi	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	
work done during most of work life, INDUSTRY: even if retired): Manager  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECRASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO.: 16. WAS DECRASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  (Yes, no. or unk.) (If Yes, give warer dates of 1.2) -16-0684. Violet Athanas - Wife - same as # 2  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Heart Disease or conditions, if any, (b) giving rise to the above cause DUE TO antecdent cause (s)  Diseases or conditions, if any, (b) giving rise to the above cause DUE TO statung underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PERMANY OF CONTRIBUTING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF CONTRIBUTING OF OPERATION:  21b. EXTERNAL CAUSE WAS OF CONTRIBUTING OF OPERATION:  21c. CIUY or town) (County) (State)  NOT THE DEATH BUT NOT CAUSING DEATH NOT WHEN THE NOT WH	Male RACE: WIDOWED, DIVORCED, (Specify): Married Janu	Wry 1. 1909 47 yrs. Months Days Hours   Min.
14. MOTHER'S MAIDEN NAME:    Introduction	work done during work of work life INDUCTOV.	COUNTRY?
16. Social Security No.:  17. INFORMANT & ADDRESS:  (Yes, no, or unks) (if Yes, give went of also of year)   16. Social Security No.:  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Heart Disease or conditions of any, (b)  Diseases or conditions, if any, (b)  Diseases or conditions, if any, (b)  Diseases or conditions, if any, (c)  Diseases or conditions, if any, (b)  Diseases or conditions, if any, (b)  Diseases or conditions, if any, (c)  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS  PRIMARY 00 or CONTRIBUTING   OF STREET, office bldgs, etc., INJURY HODE  OF STREET, OFFI STREET, OF		
16. Social Security No.: 219-16-0684. Violet Athense. Wife - same as # 2  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Immediate cause	Unknown	Unknown
Interest of conditions directly leading to death:    Immediate cause	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. 1NFORMANT & ADDRESS:
Immediate cause  (a)		AL CERTIFICATION
Antecedent cause (a) Due to  Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING INJURY FOR Street, office bldg., etc., INJURY HOME Anna polis Arms Arundel Maryland  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while work in at work in a two kills.  22. I hereby certify that I tody charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I SIGNATURE  23. BURIAL CREMATION, BATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  24. FUNDRAL DIRECTOR ADDRESS	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY MO or CONTRIBUTING OF Street, office bldg., etc., INJURY HOME OF DEATH.  11d. TIME (Month) (Day) (Year) (Hour)  12ld. Time (Month) (Day) (Year)  12ld. Time (Month) (Day) (Year)  12ld. Time (Month) (Day) (Year) (Hour)  12ld. Time (	Immediate cause (a) Heart Disease	neder
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while at work of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause	DUE TO	
giving rise to the above cause DUE TO stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY HOT CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY HOME  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while Natural Causes  22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I, SIGNATURE  Elmer G. (Indianation) HATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify):  BUR13	49.5	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH.  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not wible Natural causes Not will need to be charge of the remains described above, held an Autopsy I, Inspection A, Inquiry I, and find that death resulted from: Natural causes Not wible Not wible Not wible Natural causes Not wible Natural causes Not wible Natural causes Not wible Natural Causes Not Natural Causes Natural Causes Natural Natural Causes Natural N	giving rise to the above cause DUE TO	
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING   21b. PLACE (Home, farm, factory, OF street, office bldg., etc., CAUSE OF DEATH.   1NJURY HOME   21c. (City or town)   (County)   (State)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   Not while work   Not work	TO THE DEATH BUT NOT RELATED TO THE	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while at work Not while at work Not while at work Not while Not whil	19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSYZ
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while at work Not while at work Not while at work Not while Not whil	21a. EXTERNAL CAUSE WAS PRIMARY (A) or CONTRIBUTING OF street office bldg etc.	, 21c. (City or town) (County) (State)
OF INJURY February 14,56 am. While at work   Not while at work   Natural causes    22. I hereby certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause    SIGNATURE   CHIEF MEDICAL EXAMINER   DATE SIGNED    BURIAL CREMATION, BATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)    REMOVAL (Specify):   Glen Haven Come town   Glen Burnie   Maryland    DATE REC'D BY LOCAL   REGISTAL SAIGNATURE   24. FUNERAL DIRECTOR   ADDRESS		1 Annapolis Anne Arundel Marviand
find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause .  SIGNATURE  Elmer G. (indetermined cause Accident , Suicide , Homicide , Undetermined cause Accident Beller Medical Examiner Deputy Med	OF While at Not while	
find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause .  SIGNATURE  Elmer G. (indetermined cause Accident , Suicide , Homicide , Undetermined cause Accident Beller Medical Examiner Deputy Med	22. I hereby certify that I took charge of the remains describ	bed above, held an Autopsy [], Inspection A, Inquiry A, and
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  BURIAL CREMATION, BATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  Chen Haven Cemetery Glen Burnie, Maryland  DATE REC'D BY LOCAL REGISTR D'SSIGNATURE 24. FUNERAL DIRECTOR ADDRESS	find that death resulted from: Natural causes A, Accid	dent □, Suicide □, Homicide □, Undetermined cause □.
DATE REC'D BY LOCAL REGISTRA DISCIGNATURE  Chen Haven Ceme tery  Glen Burnie, Maryland  ADDRESS  ADDRESS	Elmer G. (Linux ratur hall).	M. D. ASSISTANT MEDICAL EXAM. Feb. 14,56
DATE REC'D BY LOCAL REGISTRAC'S MIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify):	
reb. 19, 1990 In Illiand hopping and Kirkley Funeral Home		24. FUNDRAL DIRECTOR
Glen Burnie, Maryland	10 - 0,011	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

FEB 17 1956

BECEINED

**ADDRESS** 

ANNAPOLIS. MARYLAND

24a. REC'D BY REGISTRAR

DATE 2-24-56

246 REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SS

23. FUNERALIDIRECTO L'A SIGNATURE

	HIAMO NO S	TACHTIED	evert a	
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	time , hency -			
	A DESIREMAN SHIPTON AS A SECOND OF THE PARTY			
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uning all a second				
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		to more pur tree		
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The section of the		is interest to the state of		

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1337 CERTIFICATE OF DEATH

01280

		No. 2	4
Reg.	Dist.	No.	.7

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	116 / 1 1 1 1
COUNTY Traphounde MARYLAND	
CITY (It outside corporate limits, write RURAL LENGTH OF STA OR end give nearest town) (In this place)	OR O
X TOWN Pasadena	TOWN Jasadena
HOSPITAL OR	STREET (If rurel give location)
institution or street address of 1/1/1 a O- Annapolis Rd-	Mill Rd. Q. O. Innopolis Blvd.
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Wollated	Benton DEATH feb. 7, 1956
RACE/ -/ WIDOWED, DIVORCED, /	DATE OF BIRTH  9. AGE lest birthdey   IF UNDER LYEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
Male White (Specify) Markiel !	Tolg . 21. 1872 8) Yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 2
retired Laborer (ret) Co-Troad Com.	. Harford Co, 14d. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Benton	Martha Knight
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS / 527 / Manges
(Yes, no, or unk.) (If Yes, give wer or detes of service)	- Mrs-Viva Milhelland Bkly 25/19
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
434, I IMMEDIATE CAUSE (A) Congles	twe Heart Failure 6 urs.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work et work	
	I was the second of the second
	19.5.Co., that I last saw the deceased
	rred at.1.2.3. AM, from the causes and on the date stated above.
SIGNATURE .	ADDRESS (Street, city, town, stete) DATE SIGNED
1. 111. 11/C Laughill M.	o. 18 FD6 1367 372 / atadecca Md. Fil 8. 1956
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAD (SPECIFY)   Seek water Monday	unidealla PK 1/2 de Md
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ich 11 1951 & O APAIL	10/1. Af 01 3 . MI
DATE ( CO-11, 1/36 A. S. Nalloa	11/2/1918, Won (3/8n/)418/18/

MARY AND STATE OF ACTION OF HEALTH-DALTHONS, IN

## BEAUTIME TO THE STATE OF THE ST

2742 EEB 1: 10g

01281

CERTIFICATE OF DEATH 1393

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A A MARYLAND	STATE Md COUNTY AA
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
OR end give neerest town) TOWN 19 NN 2 Pc/13	TOWN Church to N
HOSPITAL OR	STREET (If rural give locetion)
STREET ADDRESS Anne Arundel Lieneral	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
OPECEASED (Type or Print) CHARLES Blunt	OF DEATH Feb 14 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
Male Colored (Specify) Married Dec 1	1883 72 yrs. Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b, KtND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) ConTRACTOR Haduling	Churchton Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1. 11 . B1 . +	Alice
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service)	
273 3772	Almo Blout, Churchton Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
491X algorial	acute pheumoria
ANTECEDENT CALISE(S) DUE TO	
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
Of ACCIDENT WAS INDEDIVING TO 1 24 BLACE III	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
	19 that I last saw the deceased
	M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stete)  DATE SIGNED
SIGNATURE TO TOUR	C1 C Hall 27-56
M.D.  23. BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (Stefe)
REMOVAL (SPECIFY)	
Burial Feb 17 1856 Franklin	Churchton Max
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE AD 6 MW 4. Trenchen	permand Harderly Heliterle leed
1956 ~	

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

VS A15C 1-55 10M

AY SHOWITTA II-HTMATH TO THEM PRATTE STATE STRUCKERS.

ISSU CERTIFICATE OF DEATH

ROKEVO A. K.

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ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1338

01282

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Jacque (June del MARYLAND	STATE Mary land COUNTY Anne Arundal
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give neerest town)
OR end give nearest town) (in this place)	TOWN Pla B. 'c
> Mell Blend	(2/ c ) / c m / c
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS 100 tourth Hver, S.E.	100 tourth five, Jit
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ANNA LONISE BROK	MWELL DEATHFEB 1 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HR
F Specify 28	Nov. 1876 79 yrs. Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work to be during most of working life, even if to the life of the	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if OR INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A COUNTRY OF THE PARTY OF THE P	00/01
Green et	Wilhelma Delacks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give war or dates of service)	11/45. Laura Bosley - Glan Barrie
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
443X IMMEDIATE CAUSE (A) CARDIAC LE	COMPIENSATION 6-years
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) HYDERTENSIVE CAN	PDIO-VASCULAR DISEASE
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES \ NO \
21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., atc.)	2Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	21f. HOW DID INJURY OCCUR?
M, at work at work	
	, 1950, to 3/1 , 1956, that I last saw the decease
	- 1
alive on	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNE
1300 huy a, fould M.D.	The Busine 1141 2/1/5
23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) State)
REMOVAL (SPECIEN) Feb. 46- Loudan	Park Boltinia Hill
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7-17100 1 ALBERT	IDVI. 22 BIR
DATE JEA 1.1936 D. IN Ulla	Il heme levan GIP DUMNIE 190

DE STRUMENTAL STATE OF THE METHAGES OF A TREATMENT OF A STATE OF A

# HYAID TO STADHITSTO OF .

BUREAU V. S.

#### CERTIFICATE OF DEATH 1339

21 Reg. Dist. No ....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
	CITY (If outside corporate limits, write RURAL OR end give neerest town)  TOWN  Rive	CITY (it outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural giva location) ADDRESS
	3. NAME OF (First) (Middle) DECEASED (Type or Print) DANDATE	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH
	RANDALL	BUTLER DEATHFEBRUARY & 19 56  E OF BIRTH   9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	PACE WIDOWED DIVORCED	Months   Days   Hours   Min.
	Mole White Specify Married Apri 10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	1 5, 1874 81 yrs.
,	done during most of working life, even if OR INDUSTRY	COUNTRY?
1	retired Retired Farmer Own farm	Davidsonville, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Butler	Jeanette A. Starlings
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
17	(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mrs Addie Butler- Wife- same as # 2
	18. MEDICAL C	ERTIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	A AMMEDIATE CAUSE (A) Certinoslera	tu cardova ulan disease 841.
	STATING UNDERLYING CAUSE LAST. DUE TO	opperheurin
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1		YES NO NO
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from	, 19.50 , to 206 4 , 19.50 , that I last saw the deceased
	alive on	at 9 % M. from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
	S Brownel M.D.	anny ve me 216152
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY ( REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county) (Steta)
A15	Burial   Feb. 7, 56   Cedar Hill	Cemetery Anne Arundel County Md.
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LI OTATO TARGET TO THE PROPERTY OF
	DATE 2-0-3 Calward Rockinson	ANNAPOLIS MD

INSTRUCTIONS

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BUREAU V. S.

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	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W.		1394 CERTIFICATE OF DEATH  Reg. Dist. No. 2
1	1.	PLACE OF DEATH O. COUNTY QUIE ARUNDEL MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. CO-
20	10	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  LINE TOWN (If outside carporate limits, write RURAL and give nearest town)
M	6	d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION A. A. GENERAL HOST. BURUSIOE ST. VES NO P
		NAME OF DECEASED (Type or print) ELLS WORTH C. BURT DEATH 2 20 1856
	5.	19 LE WHITE WIDOWED DIVORCED 6-22-1880 lost birthdoy Months Days Hours Min.
		DISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  LIFE LUSURANCE SAMBHAN  MARYLAND  12. CITIZEN OF WHAT COUNTRY  LIFE LUSURANCE SAMBHAN  MARYLAND
		FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  NRANOWN
<i>\)</i>		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  P. S. Span-American  Address  BURUSIDE St. #2
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH Chuse
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  (b)  Order or lea of a conclusion and and a conclusion a
	-	casse (a), stating the under.   DUE TO   lying cause last.   (c)   disease
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	AL CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wo
		21. I certify that I attended the deceased from 1950, to 20 , 1956, that I last saw the decease alive on 20, 1956, and that death accurred at 419PM, from the causes and an the date stated above
		ACTUAL SIGNATURE STORM M.D. Onwo Lune Office (Street, city or town, state) 42215 DATE SIGNE
		PHYSICIAN'S S. BOKSSULK anapole Ned
	7	REMOVAL/(Specify) 2/23/56 CEDAR BLYTT AUNAPOLITE MARYLAND
,	13.	FUNERAL DIRECTOR'S RIGHATURE ADDRESS ADDRESS MD. DATE 243 1956 ADDRESS SIGNATURE
(	1	

AT SHOME DEPARTMENT OF REALTH-BALTIMORE, TO



LEB S4 1829

TO ATTENDING PHYSICIAN

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		No. 26
Req.	Dist.	No.

1. PLACE OF	DEATH		2. USUAL RESIDENCE (HOME) OF DECEM	
	A AL		chief.	1 0
COUNTY CITY (If duts	de corporete limits, write KURAL	MARYLAND LENGTH OF STAY	CITY (If outside corporate limits, write-RURAL end give	on neachst town)
OR end gi	BLASTIN	(In this place)	OR TOWN Briston	
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET (If rurel give loce ADDRESS	tion)
3. NAME OF DECEASE (Type or Print)	Religion	(Middle)	(Last) 4. DATE (Month) OF DEATH JUL	(Dey) (Y
mells	6. COLOR OR 7. SINGLE, WIDOW (Specify	/ED, DIVORCED,	TE OF BIRTH  9. AGE lest birthdey  Won  Yrs.	INDER 1 YEAR IF UNDI
	PATION (Give kind of work nost of working life, even if	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or foreign country)	12. CITIZEN OF W
13. FATHER'S NA	I I-	Buttlike	16. MOTHER'S MAIDEN NAME	This
15. WAS DECEAS	D EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	7. INFORMANT & ADDRESS	1000
(Yes, no, or unk.)	(If Yes, give wer or dates of service)		Athanil Bus	Teh
Y DISEASES OR C	ONDITIONS DIRECTLY LEADING TO	18. MEDICAL	CERTIFICATION	INTERVAL BE ONSET AND
4 2 . / IM		Cardia	of Forlune	1.de
	CEDENT CAUSE(S) DUE TO	12 0-	1 1 216.1	
GIVING RISE TO	NDITIONS, IF ANY, (B) THE ABOVE CAUSE (ING CAUSE LAST. DUE TO	Miteripse	leotic CV Aliseuse	
	ANT CONDITIONS CONTRIBUTING			
	NUT NOT RELATED TO THE NOITION CAUSING DEATH.			
19e. DATE OF OP	RATION 196. MAJOR FIN	IDINGS OF OPERATION		20. AUTO
OR CONTRIBUTING		E (Home, ferm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (Sta
21d. TIME OF INJU	RY (Month) (Dey) (Yeer) (Hour M.	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
	certify that I attended the		1. 1956, to 16 Feb., 1956, th	
alive on	14 Feb., 19 5 6	., and that death occurre	d at	

MARYLAND STATE PERASTMENT OF BEALTH-SASTIMBRE, TELL BOW

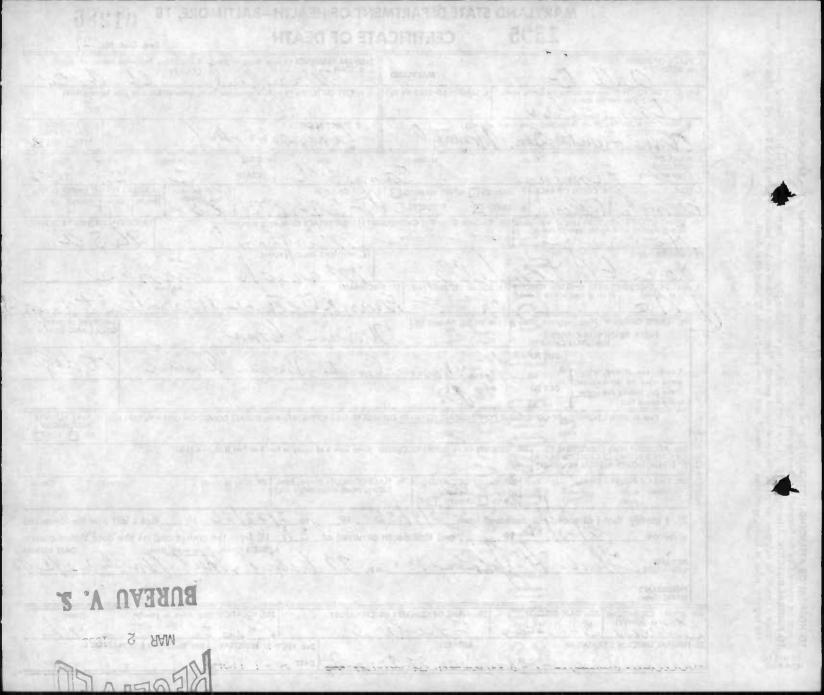
## LEASE CERTIFICATE OF DEATH

BUREAU V. & LEB 2 1958

Ironica de somo en Chancetie ton

1395 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give negrest town) NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? masolis, A YES NO NAME OF Middle 4. DATE Manth Day Yeor DECEASED OF DEATH (Type or print) 19.56 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED WIDOWED TO 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, event of retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ougewe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO usin Cardio Vascula Conditions, if any, which gave rise to immediate DUE TO caese (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Nat while at work of work p. m. 21. I certify that I attended the deceased from 6. 19\_\_\_\_that I last saw the deceased and that death occurred at 3 A. M. from the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) MOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# INSTRUCTION

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1396

01287 st. No. Reg. Dist. No....

1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ( ) MARYLAND	STATE MA COUNTY ()
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give grarest town) (in this place)	OR TOWN A 6
10 Comapacio	Change Rolls 10
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	ADDRESS COLOMBIANTOR CILL IN
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Dey) (Yeer)
DECEASED IA/A	OF 5 C
(Type or Print) VALIEIT SCOTT (	LEVENGER DEATH 2 7/8-1036
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 19. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS.
Make White Visite Visite II-	18-1891 65 yrs. Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Crewed wing most of working life, evan if OR INDUSTRY	Country of
13. FATTER'S NAME	Make 14. 110 C.
13.	14. MOTHER'S MAIDEN NAME
Fames Kevenger	Clara Tonaver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1/16. SOCIAL SECURITY NO.	12 INFORMANT & ADDRESS
(Yas/no, or unk.) (If Yas, give wer or detes of service)	Elizabeth 9. Cleven ver
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DOATH
11200 Corolliso	1 Demossibas 1 da.
4 IMMEDIATE CAUSE (A)	- Herry reage 1 only
ANTECEDENT CAUSE(S) DUE TO	+ 16 x101 20!
DISEASES OR CONDITIONS, IF ANY, (B)	rough pursuage of my
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour)   21a. INJURY OCCURRED	2 If. HOW DID INJURY OCCUR?
M. et work et work	
	12 3 16 5
22. I hereby certify that I attended the deceased from	7-7, 19 , and to deceased
afive on	at
SIGNATURE /	ADDRESS (Street city, lown, sele) DATE SIGNED
comenta Martin M.D.	Tungalle tool 2/18/01
23. BURIAL, CREMATION,   BATE THEREOF   NAME OF CEMETERY C	OR CREMATORY (City, town, of county) (Staye)
REMOVAL (SPECIFX)	WHILE HOLD PO
24 SEED BY RECEIPED IN DECEMBER CICALINA	Mekker Narvy 1 a.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25/ FUNERAL DIRECTOR'S SIGNATURE SAME PAUDRESS
DATE Jeb. 201956 11 11 11 11 11	Mary and an analysis

BY SECURIT AS ATTACHED TO PREMIED BY AYR CHALLY AND

## STATE OF DEATH

Regulates Harris

HEAD COMMON TRANSPORT AND THE PROPERTY OF THE

BUREAU V. &

FEB 83 1956

BECENATED

M

INSTRUCTIONS

ATTENDING PHYSICIAN

#### CERTIFICATE OF DEATH 1341

28 28 Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF	DECEASED			
COUNTY Anne Arundel M	ARYLAND	STATE Mary la	and county	Anne A	mind.	۵٦	
CITY (If outside corporate limits, write RURAL   LEN	GTH OF STAY	CITY (If outside co	rporate limits, write RURAL			O.T.	
OR and give naerest town) TOWN Crownsville	in this placa)	OR TOWN	4.5 m				
HOSPITAL OR		Ure	wnsville				K
institution or old Annapolis Rd.		STREET ADDRESS	(If rurel g	ive location)			1
Y W		Old	Annapolis Ro	d.			
3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Mo		(Day)	(Yaa	r)
(Type or Print) LEONARD W		COALE	DEATH TO	PODIIADU	7 0	10	-1
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE		9. AGE last birthday	I IF UNDER 1	YEAR II	F UNDER	
RACE WIDOWED, DIVORCED,	M			Months	Deys	Hours	Min.
Male White Specify dowed	1 y 3.	1868	87 yrs.	1 1			
done during most of working life, avan if OR INDUST		11. BIRTHPLACE (Stele or fo	oreign country)	12.	COUNTR		T
retired Farmer Own Fa:	rm	Anne Arund	el County. 1	Md.	WS		
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	7.0		-	
Unknown		TT2					
	AL SECURITY NO.	1 Unknow					
(Yes, no, or unk.) (If Yes, give wer or detes of service)	iz ozconiii ito.						
none	The same of the sa	Robert Co	ale-Son s	lame 23	# 2.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. MEDICAL CE	RTIFICATION				AL BETW	
111134	1	1. 1. 11	1 0		ONSEI	AND DE	AIII
HA IMMEDIATE CAUSE (A) Hypert	= nSIVP	Czzdio-Va	42012 1152	1250	10	मिले १	-5
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO				50.600			
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH.					100		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION			11/1/2		AUTOPS	-
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm,	factory	21c. WHERE DID INJURY OCC	TIP 3 (City on town)	101	YES	NO	
21e. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office block (F EITHER, NOTIFY MEDICAL EXAMINER)	dg., etc.)	ZIC. WHERE DID INJURY OC	LUK F (City of fown)	(County	y)	(State)	
	OCCURRED	21f. HOW DID INJURY OC	CUR?				
M, at work	Not while at work						
22. I hereby certify that I attended the deceased fr	Oct	10211 . F-	-0685				_
22. I hereby Certify mai I allended the deceased in	om	, 17.5. E., 10	19	Ma., that I la	ast saw	the dec	eased
alive on 1956, and that of	death occurred a	the M. from the	causes and on the	date stated			
SIGNATURE COL		/	DRESS (Street, city, to	wn, stete)	DA	ATE SI	SNED
ward of themen	M.D.	(asm.	Dr119 1116	1	2 -	-9-L	56
23. BURIAL, CREMATION, DATE THEREOF NAM	ME OF CEMETERY OR	CREMATORY	LOCATION (City, toy	vn, or county)		(5)	tete)
	Ilcrest Me	morial Cemet	Annonali	262			
24. REC'D BY REGISTRAR A REGISTRAR'S SIGNATURE	TOT 49 0	25. FUNERAL DIRECTOR	Annapolis	, Md.	DDRESS		
2=11-56 Sh Km xe		HOPPING TUNE	1 1 21 6	/ -			
DATE 2-11-00 6		THE THE PARTY OF THE	Jan Jak	NAPOLIS	, MD	•	

## MIASO TO STADISTING

BUREAU V. S.

LEB ST Ice

Bertach Harris

CALLER STREET

INSTRUCTIONS

after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01289

1342

## CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
COUNTY Anne Amindel	MARYLAND	STATE Kentuc	LY COUNTY H	ardin
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpora	ta limits, write RURAL and giva	neerest town)
X TOWN Fort G.G. Meade.		Town Cecili	0	- 55 x -3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	- Jacobs	STREET ADDRESS	(If rurel give locati	on)
U. S. AFWY FO		Route	#2 Box 90	V
3. NAME OF (First) DECEASED	(Middle)	(Lesi)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) SHARON	KAY	CONNER		ruary 13 19 56
5. SEX 6. COLOR OR 7. SINGLE, RACE WIDOV	MARRIED, B. DATE	OF BIRTH 9.	AGE lest birthdey IF UN	IDER 1 YEAR IF UNDER 24 HRS
Female White Specify		ebruary 1956	yrs. Month	Deys Hours Min.
	Ob. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT
done during most of working life, even If retired)	OR INDUSTRY	Maryland		COUNTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN N	AME	USA
Delmar Ried Conn				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	lizabeth Basha	3.10
(Yes, no, or unk.) (If Yes, give wer or dates of service)				
No -	None		L Box 2, Fairf	ield, Va.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO  MATECEDENT CAUSE (A)	Prematurity	(40 weeks)	5/m ? )	ONSET AND DEATH
STATING UNDERLYING CAUSE LAST. DUE TO				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FIN	IDINGS OF OPERATION			2D. AUTOPSY?
2				YES A NO
	E (Home, ferm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town) (0	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour M.	While Mot while	21f. HOW DID INJURY OCCUR		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. REC'D BY REGISTRAR RECISTRANS, SIG	MATURE ADDITIONAL MATURE	at1.05AM, from the ca	uses and on the date s ESS (Street, city, town, stete  G. G. Meade. I LOCATION (City, town, or co	tated above.  DATE SIGNED  Md. 13 Nov 55
2050261300	as our rolls tol I	II JADO		
XOSCI PROCO				

ALL CARD INTERNAL TO A SERVICE AND A TOTAL CONTRACTOR OF THE AND A TOTAL CONTRACTOR OF THE ACTION AND A TOTAL CONTRACTOR O

CERTIFICATE OF DEATH

BUREAU V. S.

PROBLEM TO BE THE RESERVED TO SECURE SELECTION OF THE PARTY OF THE PAR

EB I2 1628

DECENA FIL

#### MARYLAND STATE DEPARTMENT OF HEALTH

1343

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

01290

Reg. Dist. No. 2/

1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME	OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limo	4 Marie	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If first, give location)	7
3. NAME OF DECEASED OLI (First) 6 Middle)	1	DATE (Month) OF DEATH 2	(Day) (Year)
5. SEX 6 COLOR OF RACE 7. SINGLE, MARRIED, WIDWED, DURCED,		E last birthday   If under	year   If uoder 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done diving most of working life, even retired) INDUSTRY  BUSINESS DR. INDUSTRY	11. VIRTHPLACE (State or fore)	gn country) 4   12	CITIZEN OF WHAT
Willedne E. Date	Canes / Lom	enaker.	v
15. WAS DECEASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes no, or unknown) + 11 yes, give war or dates of Company (Yes) (Yes) (Yes)	Douglas G. Dale	20 Att Oran	ge n. f.
18. MEDICAL CE	RTIFICATION		INTERNAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	maxile -		ONSET AND DEATH
Immediate cause (a)	D. W. J.		Jugaren
Antecedent cause(s)  Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last			- ng gay (n) (n) egyagatan gaya) estilikka ki (n) (n) (n) (n) (n) (n) (n) (n)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
0			Yes   No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF One bdg., etc. CAUSE OF DEATH. INJURY		4.4.60	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY (CCURRED OF INJURY) INJURY (Mile at Work at work of the state of the	HOW AND INJURY OF CUR?	Connected to	Eshoust
22. I certify that I took tharpe of the remains described above, held an a obtained by said Autopey, Inspection or Inquiry, find that said dece from: natural causes [] ascident [], suicide [], homicide [], SIGNATURE	eased died on the dry stated abo	quiry in thereon and we, and death in my	from the evidence opinion resulted
Mun ball M	Junjarle	Tall .	12/86
23 BURIAL CREMATION DATE THEREOF NAME OF CENTER	4 . //	TION (City, tompor coupt	o. ma.
Self. 3, 1956 REGISTRANS BEGGAT RE	John M. Vay	Cor Soms An	ADDRESS
//			and.

BOBEVO N. Z.

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01291

Reg. Dist. No.

## 1307 CERTIFICATE OF DEATH

Items 13,14 FilmG194 3-23-56 et	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASED
COUNTY Anne Angended MARYLAND	STATE / 2 TV 2 m COUNTY / the ne / trumbo
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place),	CITY (If outside corporate fimits, write RURAL end give neerest town)
TOWN A TOWN A TOWN TOWN	TOWN Shady Side
HOSPITAL OR INSTITUTION OR STREET ADDRESS A A A A A A A A A A A A A A A A A A	STREET (If rurel give location)
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)
OFCEASED (Type or Print) Flore 200 e	3V15 DEATH FEB 29 1056
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specifical Specific	F BIRTH  9. AGE lest birthdey  1 F UNDER 1 YEAR  Hours Min.  73 yrs.  Hours Min.
done during most of working life, even If, OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
(in res) give well of deles of service)	r en
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
120	3. 2. 2
4 IMMEDIATE CAUSE (A)	Jec 149184 6 /81143
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  (B)	Arteriovaschist Discore ? Years
STATING UNDERLYING CAUSE LAST. OU CO Beri Beri	Heart Disease ? 1 Year
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Failure 2"weeks
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work et work	RIF. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Maria	1933 to FET 1955 that I last saw the deceased
	ADDRESS (Street, city, town, state)  DATE SIGNED
The The enclosed m.o.	thady did a Maniform 3/2/2
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (Rity, fown, or county) (Style)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Mary 15, 1956 11 Ulaurel	Beened Hardort Televille Col

## HTASO TO STADISTRED TO

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INSTRUCTIONS

ATTENDING PHYSICIAN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1300 CERTIFICATE OF DEATH

01292

10/10	Reg. Dist.	No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ANNE ARUNDEL MARYLAND	STATE Mury County	0.0-
CITY (II outside corporata limits, write RURAL OR and give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside exporata limits write RURAL end give near OR TOWN	est town)
HOSPITAL OR	STREET ((Laurel give locetion)	Rural X
STREET ADDRESS ANNAPOLIS GEHERAL HOSPITAL	ADDRESS Broadwater	_
(Type or Print) Steple Hora	ALDSON  ALCICIA  ALCICAT  ALCICAT  A. DATE (Month)  OF  DEATH  C	(Day) (Yeer)
S. SEX  6. COLOR OR RACE  FEMALE  6. COLOR OR WIDOWED, DIVORCED, (Specify) MARRIED GM	OF BIRTH  9. AGE last birthday  15 UNDER  Months  Wrs.	TYEAR IF UNDER 24 HRS Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	11. BIRTHPLACE (Stele or foreign country) 12.  Washmatten, D. C.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hoover	immour	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or detes of service)	Horry & Honaldton	md_
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
491X IMMEDIATE CAUSE (A) Bronchops	remour's	12the
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C) Bronelival a	them (links)	KA1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.	osis, generali wied	you.
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	U ·	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office, bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Count	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/6	1956, 10 2/6/, 1956, that I	last saw the deceased
alive on	ay	above.
Frank /4 Startley M.D. / 23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY O	R CREMATORY   LOCATION (City, town, or county)	2/6/575 (State)
BONNIAL (SPECIFY)  DIVILIAN 2-4-56 Column 14	Il hometer Suithman	Marylan
DATE PREGISTRAR 56 REGISTRAR'S SIGNATURE French	25. FUNERAL DIRECTORYS SIGNATURE	ADDRESS D.C.
Julian Julian Salar	4000	regional

BY SECOND STATE DEPARTMENT OF HEALTH-WAITINGOES, 18

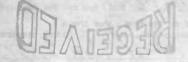
# MYARCERTIFICATE OF DEATH

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Z NO OVERNOUS OF THE BUREAU V. Z.

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INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this R HOSPITAL: The law requires that the death certificate De executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 1379 CERTIFICATE DEATH OF

01293

Reg.	Dist.	No	2	/

		A CHANNEL BROKEN	an mann ar ni	COULCED	
1. PLACE OF DEATH		2. USUAL RESIDEN			
COUNTY A. A. CO.	MARYLAND	STATE Md.		A. A.	
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (Il outside corpor	rete limits, write RURAL a	nd give nearest tow	n)
10 TOWN Annapolis		TOWN Pasa	dena		X
HOSPITAL OR		STREET ADDRESS	(If rural giv	e location)	1-
street Address Annapolis General	ral Hosp.		leasant Bea		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon		(Year)
(Type or Print) Lever (	V E	hlers	DEATH	Feb. 1	5, 19 56
5. SEX   6. COLOR OR   7. SINGLE, M		OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	
	married Apri	1 4, 1906	49 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	gn country)		ZEN OF WHAT
dona during most of working life, even if	OR INDUSTRY	Md.		COL	JNTRY?
13. FATHER'S NAME	Self Emp.	14. MOTHER'S MAIDEN I	NAME		
L. Wilmer Ehlers	14 COCIAL CECURITY NO	Annie Kelly	DOBECC		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give wer or detes of service)	16. SOCIAL SECURITY NO.				
			ie Ehlers-M		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	RTIFICATION			TERVAL BETWEEN
490 X IMMEDIATE CAUSE (A) Fo	barpneum	voria RI	MZ.	1	Wh.
ANTECEDENT CAUSE(S) DUE TO		-		E.G. Park	
DISEASES OR CONDITIONS, IF ANY, (B)					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lerium tr	emun		18	Ar.
	NGS OF OPERATION				20. AUTOPSY?
				Y	S NO
	(Home, ferm, lectory, eet, office_bldg., etc.)	21c. WHERE DID INJURY OCCUR	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUP	R?		
M.	et work L et work L		/ / /		
22. I hereby certify that I attended the d					
alive on 19 5, 19	and that death occurred	at	auses and on the c RESS (Street, city, tow	date stated abo	DATE SIGNED
SIGNATURE M. DO	11	7	LI A	up?	1/5/50
23. BURIAL CREMATION, I DATE THEREOF	M. D.	R CREMATORY	LOCATION (City, town	n, or county)	(Siele)
REMOVAL (SPECIFY)					
Burial 2/18/56  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNA		ark Cem.	Balte, M	APDRE	SS A D
24. REC D BT REGISTRAK REGISTRAK'S SIGNA	1	A STATE DIRECTOR'S	67	d la	· B. ott

MARYLAND STATE OF PARTHART OF HEALTH CHAITERS IN

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BUREAU V. S.

FEB 17 1956

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01294

# 1310CERTIFICATE OF DEATH

Reg. Dist. No. 2

- 1			
-1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	<b>N</b>
_ [	A A	I Ad mill (Re	1
- 1	COUNTY TUNE /Trundel MARYLAND	STATE grandland COUNTY	1 2.0.
-1	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporete fimits, write RURAL end give neere:	st town)
	OR and give nearest town) (in this place)	OR TOWN S	
	10 Annapolis	1 Comment of the comm	
-1	HOSPITAL OR	STREET (If rural give location)	ma off
	INSTITUTION OR Chure arundel Den	· ADDRESS Clrusled.	MICH.
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) / (Yeer)
	DECEASED MARIE TO	OF E	11/ 1957
-1	(Type or Print)	LP 2 (1) DEATH FETO	19 100
		OF BIRTH 9. AGE last birthday   IF UNDER 1	YEAR   IF UNDER 24 HRS.
-	RACE (Specify) WIDOWED Auc	A RATITION Months	Days Hours   Min.
- 1		30, 10 14 80 yrs.	
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
/	done during most of working life, even if OR INDUSTRY	(n). (10) BOO	COUNTRY
	Houseley House	Woodsen ver	0,0
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Luther Jones	Mastlean Row	MEY
		1/1/0000	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS ALMOLD,	MD,
	(iles, ile, or unk.) (il res, give war or dates or salvice)	Clasivies Fish	(1) 6
	18. MEDICAL CEI	PTIFICATION	INTERVAL BETWEEN
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420.1 CO Heart	tailure	
П	THE IMMEDIATE CAUSE (A)	Carre Carre	
1	ANTECEDENT CAUSE(S) DUE TO - MYOCZ V-	dial INFAVETION	
1	DISEASES OR CONDITIONS, IF ANY, (B)		•
	STATING UNDERLYING CAUSE LAST, DUE TO 3 0 0 1	Selones House	) × = A
1	(0)	the contract of the contract of	7
ľ	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
1	TO THE DEATH BUT NOT RELATED TO THE		
ŀ	DISEASE OR CONDITION CAUSING DEATH		
2	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO NO
	21- ACCIDENT WAS UNDSNIVING TO 1 OUR DIAGS (I)		
	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Steta)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	M, at work et work		
ŀ		-4 -0 -	
1	22. I hereby certify that I attended the deceased from hereby	19 Seo / FR 19 Se that I la	ist saw the deceased
1	alive on	6950 M, from the causes and on the date stated	above
	SIGNATURE	ADDRESS (STREET, city, town, stata)	DATE SIGNED
2	MA aller	Derich Last Park hours	11/1-01
3	M,D,	O TOTAL CONTINUE	1412016
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town or county)	(State)
	Durial 2-11-10-4/2 House	Menson Teen Dur	ue ma
1	24. REC'D BY REGISTRAR   REGISTRARY SIGNATURE	if reemotice	DDCCC / /
1	AT RECOUNTRY REGISTRAN	10 0 mail of the same of the	DRESS
	DATE 15 1936 110 11000000	your M. fuylar some as	1m-0
=		4/	

ST JEROMITERS ATTACK TO DESCRIPTION OF TAXABLE STATES OF THE SECTION OF THE SECTI

STARGERTHICATE OF DEATH

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FEB 17 1956

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DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

#### TAV AMINITADIS CEDMINICAND ON DEAMY

MEDICAL EXAMINER S CER	TIFICATE OF DEATH	No. 41
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY A.A.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Arnold   LENGTH OF STAY (in this place)   Few seconds	CITY (If outside corporate limits write RURAL and TOWN P.O. Annapolis	give nearest town)
HOSPITAL OR Intersection of Wichester Rd. INSTITUTION OR STREET ADDRESS and Ritchie Highway.	STREET (If rural, give location) ADDRESSWINCHESTER On the Severn	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Susan Carolyn Goodale	(Last) 4. DATE (Month) (Day) OF DEATH February	13 19 56
F. RACE: WIDOWED, DIVORCED, Specify Single 5/2	710.	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): Pupil in elementary school		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Arthur W. Goodale	Winifred Bryant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of	17. 1NFORMANT & ADDRESS:	
service) No No	Arthur W. Goodale (father)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Crushed skull   Crushe	al CERTIFICATION  Shoulders	Interval Between Onset and Death Sudden
giving rise to the above cause DUE TO	<u> </u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes   No
PRIMARY Tor CONTRIBUTING CAUSE OF DEATH.	' Arnold Anne Anne Arunde	(State)  1 Md.
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 2/13/56 8 55 AM. work	Collision with a milk truck	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental and the substant of the substant	dent [X], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED 2/13/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): Feb. 16, 56 Noughright Ce	metery Neughright, N.J.	
Feb. 15,1956	Hopping Buneral Bome Annapolis	ADDRESS B. Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

LEB IL 1020.

BECENED

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01296

#### 1311 CERTIFICATE OF DEATH

21 Reg. Dist. No....

1. PLACE OF	1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY A	nne Arundel	1	MARYL	AND	STATE Maryland COUNTY AA					
CITY (If outs	ide corporete limits, wri	te RURAL	LENGTH O	FSTAY	CITY (if outside cor	orporate	limits, write RURAL e	nd give	neerest tow	n)
OR end gi	-Rural	named	(in this p	lece)	TOWN Rural	1				4
HOSPITAL OR		1			STREET		(If rurel gi	ve locati	ion)	1
5 INSTITUTION O	or U.S.Naval	Hoenit	tal Annano	lis Md	ADDRESS	100	Fdmmtom	Ma	~~~ [~~	4
3. NAME OF	(First)	T HOSPI	(Middle)	110 91100 0	Rt.2 Box ]	166	Ednwater		(Dey)	(Yeer)
DECEASE! (Type or Print)		- 7		_	OODRUM		DEATH F		2 mg 5	1056
5. SEX 1	6. COLOR OR	e⊥ 1 7. SINGLE,	Thomas	8. DATE O		1 0	AGE lest birthdey		NDER 1 YEAR	
M M	RACE N	WIDOWE (Specify)	D, DIVORCED,		ember 1955	1	yrs.	Month 2		Hours Min.
	PATION (Give kind of nost of working life, ex		b. KIND OF BUSINES OR INDUSTRY	S	11. BIRTHPLACE (State or fo	oreign c	ountry)			EN OF WHAT
retired)	nosi oi working me, e	Vell II	OK INDUSTRI		Marylar	nd				U.S.
13. FATHER'S NA	ME				14. MOTHER'S MAIDER	EN NAM	1E			
Adell Ro	bert Lee G	oodrum			Mazie Qui	ick				
	ED EVER IN U. S. ARM		16. SOCIAL SEC	URITY NO.	17. INFORMANT 8	& ADDR	RESS			
(Yes, no, or unk.)	(If Yes, give wer or d	letes of service)			U.S. Nava	al l	Hospital,	Ann	apoli	s.Md.
				DICAL CER	TIFICATION			-	I INI	ERVAL BETWEEN
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO D		d met m	estitis] con	1+0	#763		10	SET AND DEATH
492× IM	MEDIATE CAUSE	(A)	Pneumonia	, inte	rstitial acu	118	#102			
ANTE	CEDENT CAUSE(S)	DUE TO								
DISEASES OR CO	NDITIONS, IF ANY,	(B)								
STATING UNDERL	THE ABOVE CAUSE	DUE TO								
11 OTHER SIGNIFIC	ANT CONDITIONS CO					-				
	BUT NOT RELATED TO									
19a. DATE OF OPE			INGS OF OPERATION	1				-		D. AUTOPSY?
84									YE	
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	OF INJURY	(Home, farm, factor, treet, office bldg., etc		1c. WHERE DID INJURY OCC	CUR?	(City or town)	(1	County)	(State)
21d. TIME OF INJU	IRY (Month) (Dey)	(Yeer) (Hour) M.		JRRED :	21f. HOW DID INJURY OCC	CUR?				
22. I hereby	22. I hereby certify that I attended the deceased from 2-5- , 1956 , to 2-5- , 1956 , that I last saw the deceased									
alive on	A2-5	861	, and that death	occurred at.	9:05 am, from the					
E.R. H	TERS LCDR	NC USIP		M.D. U	S. Naval Hosp		1, Annapo			L-6-56
23. BURIAL, CREA REMOVAL (SE		TE THEREOF	NAME OF	CEMETERY OR	CREMATORY	L	OCATION (City, tow	n, or co	ounty)	(Stele)
Swri		1-5	Ven CO	reure	ry Hell	15 00	much	201	ADDRES	ma
Z4. REC'D BY REC		STRAR'S SIGN	11	-	25. FUNERAL DIRECTOR	3 316	NATURE	5	ADDRES	1. 200
DATE Feb. 7	,1956	11 -	Uum	4	William	Ice	200, W C	en	nape	us. Ma
20512	15201211	V				11			1	

AT ASSULTING STATE DEPART OF HEALTH-BALTH OFFILESALT

# THE CERTIFICATE OF DEATH

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1		THE ELECTION	2		
PARTY SERVICE		Spring at			
			resolution of the state of the		
3					
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1345 CERTIFICATE OF DEATH

Reg. Dist. No. 201

I, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ANNE ARUNDEL MARYLAND	STATE MD. COUNTY KENT			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR			
50 TOWN BROOKLYN PARK 64RS	TOWN STILL POND 1114 2			
HOSPITAL OR	STREET (If rurel give location)			
INSTITUTION OR STREET ADDRESS 132N, 2ND AVE.	ADDRESS			
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Monih) (Dey) (Yeer)			
(Type or Print) ALETHIA -	JOSMAN DEATH FEB. 28 1956			
5. SEX 6. CÓLOR OR 7. SINGLE, MARRIED, 8. DA				
FEMALE WHITE Specify WIDOW MA	44 10 1864 91 yrs. Months Days Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRPHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
retired) HOUSEWIFE HOME	MARYLAND SOUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
JOHN CAMPBELL	ELLEN MURRAY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO	. 17. INFORMANT & ADDRESS			
(Yes, no, or unk.) (If Yes, give wer or dates of service)	MAUDE BANNING BROOKLYN PK.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN			
Sa.	ONSET AND DEATH			
	lity 6mo.			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO			
21a. ACCIDENT WAS UNDERLYING ☐   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)			
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?			
M. et work L et work L				
22. I hereby certify that I attended the deceased from. A.P.F.				
alive on ted. 19.56, and that death occurred	d at 5000M, from the causes and on the date stated above.			
SIGNATURE	ADDRESS (Street, city, lown, stete) DATE SIGNED			
23. BURIAL CREMATION / I DATE THEREOF I NAME OF CEMETERY	4604 Go! Miche Hway Millo 25 Mc 2-24			
REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county) (Steta)			
BURIAL MAR. 3, 1956 1 L. U.	EMETERY WORTON MD			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE a/27/Jones	Victor M. Kennedy STILL POND M			
Jos Mulion o				
Ø				

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#### MARYLAND STATE DEPARTMENT OF HEALTH

12/10

2411 N. Charles Street, Baltimore

	1940				40
Ttem 11 Fil	mG194 3-22-56	CERTIFICAT	TE OF DEAT	TH Reg. Dist. N	0
1. PLACE OF DEAT		ec	II 2 TIGHTAT DESTINANCE	(HOME) OF DECEASED.	
COUNTY	Anne Arundel		STATE Marylan	~ ~ ~ ***	Y THE THE Y
CITY (If outside c	orporate limita, write RUI	MINIMIA		rate limits, write RURAL and g	Wicomico
X OR give nearest	town) Jessups	13 (in this place)	OR TOWN Chrisfi		TVO HEATEST SOWIL)
HOSPITAL OR			STREET	(If rural, give location)	7
MINSTITUTION OF	R Maryland Hou	se of Correction	ADDRESS 217 T	yler Street	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	James	And the second second second	Grant	DEATH February	28 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday   If under	1 year   If under 24 hr.   Days   Hours   Min
Male	Colored	WIDOWED, DIVORCED, (Specify) Widowed	9/16/1908	Ц ( утп. l	Days Hours Min
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT COUNTRY?
Laborer		2000000	Crisfield, Md.		U.S. A.
13. FATHER'S NAM	IE .		14. MOTHER'S MAIDE	N NAME	
	James Grant		Annie 1	Vichols	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCE (If yes, give war or dates (service)	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
002	X				
Immediat	e cause (a)	Cardiac failure		••••••	1 month
Antoceder	nt cause(s)	ands are all an bas		n Nonhuitia	2 *******
Diseases or	conditions, if any, (b)	ardia vascular hea	irt ulsease with	n wephricis	2 years
giving rise t	o the above cause anderlying cause last				2
	(c)	ulmonary Bilateral	Tuberculosis		3 years
Conditions contribu	ICANT CONDITIONS uting to the death hut not use or condition causing des	<b>*</b> L			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR	TOWN) (COUNTY	Yes No (STATE)
SUICIDE HOMICIDE	OF	office hidg., etc.) URY			, (0,
TIME (Month)		INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cert	ify that I attended th	ne deceased from 2/17	, 19.50., to2/28.	, 1950., that I last	saw the deceased
alima	2/28 1056 0	nd that death occurred at.	6:45 A m from th	a caused and on the date of	had about
alive op SIGNATURE	, ,	(Degree or title)	ADDRESS ,	e causes and on the date s	DATE SIGNED
Value	A B. Taylor		Maryland I	House of Correcti	on
Robert	B. Taylor, 0 M.I	<ol> <li>Physician in Ch</li> </ol>		sups, Maryland.	2/28/56
23. BURIAL, OREM REMOVAL (Spec	ATION   DATE THERE			LOCATION (City, town, or cour	ity) (State)
Witchesoft store	(3/p/50	Crui of 14d. 1		Saltimore Md-	
REG. BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT	OR /	ADDRESS

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

BECEINED SEC

1

# ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

## 1312 CERTIFICATE OF DEATH

1	MARYLAND STATE DEPARTMEN		0
O.	1312CERTIFICATE	OF DEATH  Reg. Dist. No. 2/	9
=	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY U WARYLAND	STATE MICH COUNTY Q. Q	
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside/corporate fimits, write RURAL and give nearest town) OR	
	16 TOWN (Imapoles	TOWN ST Margarets	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Q. Q. General	STREET (If rural/bive location) ADDRESS	
24	3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	A DEATH D - 11	Ye
-	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
	mule White specific rund Del	14-1879 76 yrs. Months Days Hou	IFS
1	10e. USUAL OCCUPATION (Give kind of work done duping most of working life, even ff refired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF V COUNTRY?	NH 4
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
	James Freen	martha Protuck	
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	_
0	(Yes, no, or unk.) (If Yes, give wer or detes of service)	Huttie B. Freen (2)	
=	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL B	
	411 X IMMEDIATE CAUSE (A) Pulmonan	y embelism Lac. 1 tole	1
	ANTECEDENT CAUSE(S) DUE TO TO ATM. A ANTICO	7	1
	DISEASES OR CONDITIONS, IF ANY, (B) Thursd Hard	mhi	
	STATING UNDERLYING CAUSE LAST, DUE TO Cheumale - (1)	elivorelevotec & and 8 ?	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	At a second	
	DISEASE OR CONDITION CAUSING DEATH,	-anevicore y	-
22.1	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTO YES Z	NC
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		tete
55 10M	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. fNJURY OCCURRED While Not white at work	216. HOW DID INJURY OCCUR?	
	22. I hereby certify that   attended the deceased from	19 11, to 19 6, that I last saw the	de
	alive on. 195 , and that death occurred at.		
10M	SIGNATURE and M. Shiller	ADDRESS (Street, city, town, state)  DATE	81
1.55	M. D.  23. BURIAL, CREMATION,   DATE THEREOF   MAME OF CEMETERY OR C	CREMATORY   LOCATION (City, town, or county)	4
A15C 1-55 10	Bureal 28-56 Lish man	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1)
VS	24. REC'D BY REGISTRAR REGISTRAR'S CONATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1
	F. In 6 195/1 10 11 10 11 10 11 10 11	John my Helder Jons ( limate	19

NSTRUCTIONS

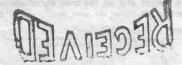
AN AGO MET ASSENTATION TO THE METRACE STATE OF A PERSON

THE REAL PROPERTY OF THE PARTY OF THE PARTY OF

# PRINCERTIFICATE OF DEATH



SEE 7 1956



THIS IS A PERMANENT RECORD.
PERMANENT BLACK OR BLUE-BLACK INK-DO NOT USE

HOCAL REGISTRAR

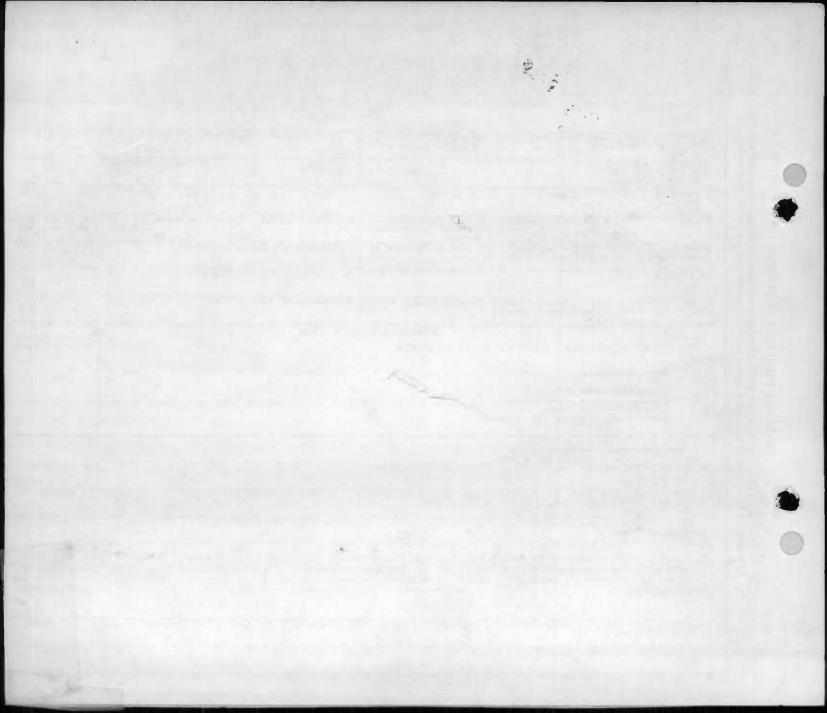
#### 1347 MARYLAND STATE DEPARTMENT OF HEALTH

01299

# ttem 18 Film G193 3-13-56 amcCERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

PAGE 4 NO

. 11			ron	I MEDICAL	22274.1412160	Reg. Dis	st. No	
	. NAME OF D					2. DATE		
`			D B. HAU				23-56	
A	. Baltimore (	EATH: 3 1.1 No. 11.6	on F	D.P.R.	4. USUAL RESIDENCE (W A. STATE Maryland			residence e admission)
H	OSPITAL OR	, ,		location)		outside corporate li	mits, write RIIR	AI, and give
6	NSTITUTION	anne Trum	det Con	unty	Baltimore		miles, write recit	township)
1	A-			Yrs.	D. STREET ADDRESS (If r	ural, give location)	107-1/1	01114
C	. Length of s	tay in Baltimore		Mos. Days	201 Tuscany F	ond Candon	Anta	11
Name and Address of the Owner, where	. SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years)		Il Under 24 Hours
_	Male	White	Marri		Dec. 30, 1888	last birthday)	Months Days I	lours Min.
wor	Lawyer	CUPATION (Give kind of f working life, even if retired)	U. S.	Govt.	11. BIRTHPLACE (State or for	reign country)	12. CITIZEI WHAT	N OF COUNTRY?
13	3. FATHER'S				14. MOTHER'S MAIDEN NA	ME		
	Alfred	Haupt			Eleonora Boud	csein		
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
/	yes	World War N	0. 1	none	Mrs. Emma J. Hau	upt - Garde		
NOIT	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode o rc, asthenia, etc. It mean complication which complication which complication ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) I'NG CONDITION LAS	'H f dying, e. g., ns the discase, aused death.) ES ANY, GIVING STATING THE	XECULAR abdome of about	ng injuries of headen with traumatic dominal contents a	eviscerati and brain.	on	
FICA				(C)				
ERTI	7 TRIBUTING	II IGNIFICANT CONDIT TO THE DEATH, BUT I SEASE OR CONDITION	NOT RELATED	Injury occurs	ed o miles moren	Ur Ouen oon	P.R	
PART I OR PART II							Maryhim	
	found that manner   23A. SIGNAT	death resulted from	om: Natu	ral causes [], A	bove, held an Autopsy Laccident A, Suicide Call Suicide ASSISTANT MEDICAL E. MEDICAL INVESTIGATO	, Homicide [	□, Undete 23c. DATE SIG 2-24-56	rmined
TIO	DN, REMOVAL (Sr Burial	2/25/56	24	Loudon Park	Cem. Balt	CATION (City, tow	n, or county)	(State)



M

# ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate by The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

### 1348 CERTIFICATE OF DEATH

	TMENT OF HEALTH-BALTIMORE, 18
1348 CERTIFICA	TE OF DEATH  Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HUND ARGINES MARYLAND	STATE Md. COUNTY A.A.Co.
CITY (If outside corporete limits, write RURAL LENGTH OF STA	OR
X TOWN	TOWN Pasadena
HOSPITAL OR INSTITUTION OR	STREET (If rurel give locetion) ADDRESS
99 STREET ADDRESS: D. D. A. HAVE ATRUMBLY GEN	where, policed Are.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yee
(Type or Print)  5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8.	DATE OF BIRTH 9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER
S. SEA  RACE RACE (Specify)  Single, MAKRED, WIDOWED, DIVORCED, (Specify)	Months Deys Hours
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH
done during most of working life, even if OR INDUSTRY	COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown) Warley	Gard 1 (. ;
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	1 Touthandon Pasadona 140.
A DISPASE OF CONDITIONS DIRECTLY TEADING TO STATE	L CERTIFICATION INTERVAL BETV
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Surger la la la
IMMEDIATE CAUSE (A) 15 10 10 5	But wonder marzins Zow di
DISEASES OR CONDITIONS, IF ANY, (B) POSTOR ATTENT	The count ation surgical 13 do
STATING UNDERLYING CAUSE LAST. DUE TO	3+1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	injury suit leadmons it Direct 12 do
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AC. POS. T.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPS
1-23-56 Old + Recard Injury	21c. WHERE DID INJURY OCCUR? (City ortiown) (County) (State
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)	on bus. Pasadera A.A.Co. Md
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
1 - 2 - 5 6 M. While Not while et work	DI Self-accidental, in Kicking Seat
22. I hereby certify that I attended the deceased from	1 2 2 , 19 5 6 , to Feb 5 , 195 6 , that I last saw the dec
	rred atM, from the causes and on the date stated above
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SI
SIGNATURE  23. BURIAL, CREMATION.   DATE THEREOF   NAME OF CEMET	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Feb. 9,1956  Element	" (1)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
21.101 21 04	1 To of a file of the state of
DATE Of 14.19 om y French	1 tot denotion telendienien

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# THE CERTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1349 CERTIFICATE OF DEATH

01301

Reg. Dist. No.....

	PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1 1				
	COUNTY HAVE HRUN de MARYLAND	STATE / HOLLAND COUNTY HAND	2 Houndo				
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR engaging nearest town) (In this place)	CITY (If butside cosporete limits, write RURAL end give neer	est town)				
ı	X TOWN GEN BURNIE	TOWN Ofen BURNIE	X				
	HOSPITAL OR	STREET (If rurel give locelion)	λ/ /.				
	INSTITUTION OR 208 HMMADUIS B/W) NW	ADDRESS 208 CENNApolis	BIVO. N.h				
ı	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month).	(Dey) (Yeer)				
ì	(Type or Print) GEORGE ARTHUR	Headley DEATH Februar	14/61056				
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthdey IF UNDER Months					
	MALE WITTE (Specify) MARRIED LIE DI	= 9, 18% XO yrs. Months	Days Hours Min.				
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS /   1	11. BHRTHPLACE (State or foreign country) 12.					
	done during most of working life, even if refired) APDPA LON SAME	Virginia.	COUNTRY: A.				
i	13. FATHERY NAME	14. MOTHER'S MAIDEN NAME	. 1				
	XIIPAS HEANIEY	MARTHA VAN LAN	DINGHAM				
	15. WAS DEPENSED EVER IN U. S. ARMED FORCES 1 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	of Antolis				
	(Yes, for or ulk.) (If Yes, give wer or detes of service) 215-12-142	8/ Caroline E. Headky	10/20.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.							
	1778 IMMEDIATE CAUSE (A) POSDIRATO	ery 1-silone	2 hours				
ı	2011	Nana: Lie	1100				
	DISEASES OR CONDITIONS, IF ANY, (B) SONORAL 12	ed CARCINOMATOSIS	141				
	STATING UNDERLYING CAUSE LAST. DUE TO	CARCINONAR	dun				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	C MICCIOBINA	2/16.				
	TO THE DEATH BUT NOT RELATED TO THE AID MUT PATE	n de la companya de l					
	DISEASE OR CONDITION CAUSING DEATH.  194 DATE OF OPERATION 195 MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
		TATE	YES NO				
	216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (Coun	(Stete)				
1	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED   2	RIF. HOW DID INJURY OCCUR?					
	M. While Not while et work et work						
1	22. I hereby certify that I attended the deceased from	191950, to 3/16, 1956, that I	last saw the deceased				
1	alive on 3/16, 1956, and that death occurred at.	7:05 M, from the causes and on the date state	d above.				
ı	SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED				
	J.W. Frichark M.D.	glenipurnel, rd	416/16				
	23. BURIAL EREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CEMETERY OR C		(Stete)				
			AA Co., Md.				
	24. REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE COLLEGE	ADDRESS				
	Det. 20, 1956 devis of della	Dopping and Kirkley, Glen Ku	rnie, Md.				

21 STOMPTERS - RELATE TO THE MENT WATER STATE CHALLES A SE

# STAR CERTIFICATE OF DEATH

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DECENTED AND

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#### MARYLAND STATE DEPARTMENT OF HEALTH

13.50

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

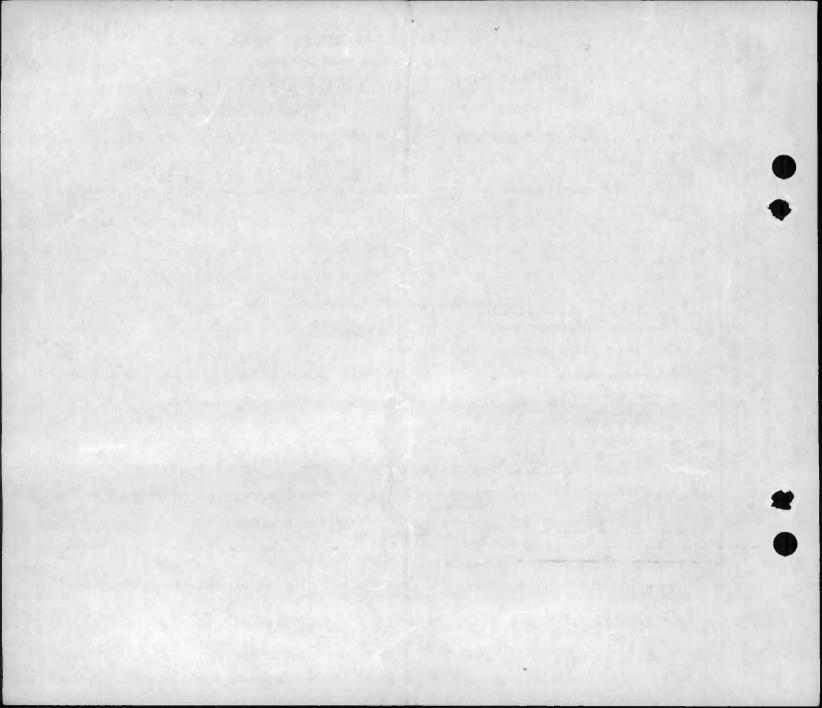
1. PLACE OF DEATI	4.		2. USUAL RESIDENCE	(HOME) OF DECK		
COUNTY Anne	Arundel	MARYLAND	Mary'	land	COUNTY	
CITY (If outside co	orporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corpo		URAL and give	e nearest town)
OR give nearest	sup. Md.	(in this place)	TOWN Balt:	imor e		3 Vo 1.4
HOSPITAL OR INSTITUTION OF STREET ADDRESS	2		STREET	Olsom St	ve location)	V
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year)
DECEASED	Emma	S. Her		OF	1 1	56
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	DEATH	//	19
F	W W	WIDOWED DIVORCED. (Specify) Widowed	3/17/70	1 85 y	Months	year   If under 24 hrs Days   Hours   Min.
	ATION (Give kind of work ogking life, even If retired)	Industry Home	Baltimore			CITIZEN OF WHAT
13. FATHER'S NAM		1101110	14. MOTHER'S MAIDE			
John A	. Meyers		Anna Snyo	der		
15. WAS DECEASED EV	ER IN U.S. ABMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no. or unknown)	(If yes, give war or dates of service)	of	Mrs. Emma Za	alud Jes	sup. Mo	d.
		18. MEDICAL CE	RTIFICATION			
I DISTAGES OF CO	NDITIONS DIRECTLY	I FADING TO DEATH				INTERVAL BETWEEN
1. DISEASES ON CO	MDITIONS DIRECTLI					ONSET AND DEATH
Immediate	(a)	Veclusion	Granau			110
A THE LANGE OF THE PARTY OF THE	cause (-/		7	······································	4	
Anteceden		murrandels	5-1-	andels"		Mer 1
	conditions, if any, (b)(	7				- yur
stating the u	nderlying cause last		*			
	(c)	occorring.				
II. OTHER SIGNIFI	CANT CONDITIONS					
related to the disease	e or condition causing deat					
19a. DATE OF OPE	RATION   19b. MAJOR I	INDINGS OF OPERATION				20. AUTOPSY?
						Yes   No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, atreet, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		
OF INJURY	m.	While at Not While,				
		. /	21			
22. I hereby certify that I attended the deceased from 127, 1956, to 725, that I last saw the deceased						
alive on 727, 1956, and that death occurred at 930 m., from the causes and on the date stated above.  SIGNATURE:  Obegree or title)  ADDRESS  DATE SIGNED						
773.	10 Y Lawrence	ma 314 C	mpim au	Kaune	med	7/27/56
23. BURIAL, CREM, REMOVAL SPEC BUTIAL	ATION   DATE THEREO	NAME OF CEMETE		Baltimor		y) (State)
DATE REC'D BY I	LOCAL   REGISTRAR'S		24. FUNERAL DIRECT	OR		ADDRESS
REG. TAK	1 to Ath	Here all	JOHN F. DEN	NY, INC.	715 Li	ght St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The corre

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VS. A15



ADDRESS

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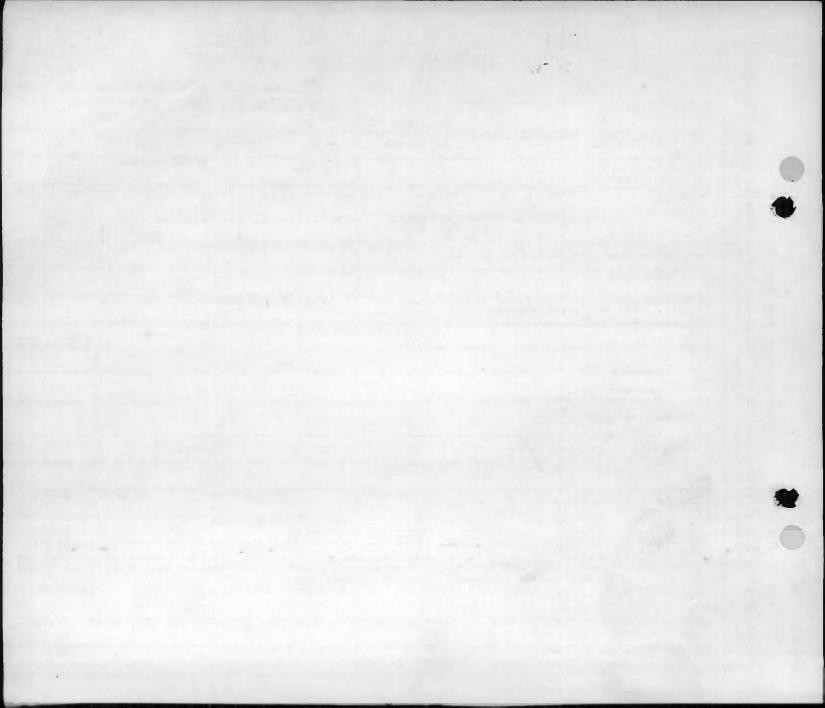
PERMANENT

LOCAL REGISTRAR

Item 18 Film G193 3-13-56 amsCERTIFICATE OF DEATH FOR MEDICAL EXAMINERS Reg. Dist. No..... 2. DATE 1. NAME OF DECEASED (Type or Print) EDGAR QUINTIN HOLLOWAY DEATH 3. PLACE OF DEATH: 3 mi. N. of Odenton Station 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a State B. COUNTY before admission before ad before admission) (If not in hospital or institution, give street address or Delaware HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION and arundel County township) Wilmington D. STREET ADDRESS (If rural, give location) Yrs. Mos. 315 36th Street c. Length of stay in Baltimore 9. AGE (In years Miller I Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) causes Gan. 16, 1896 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mel. Conquetor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17. INFORMANT ADDRESS Wilm sil (Nes. no or unknown) (If yes, give war or dates of service) Mu Mergaul 18. CAUSE OF DEATH BLACK OF BLUE-BL plied. Physicians: ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull Fracture (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MICH XX ANTECEDENT CAUSES Contusion of brain supplied. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Train derailed: 2-23-56 UNDERLYING CONDITION LAST. carefully Injury occurred 3 miles north of Odenton Staton 1. .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? CAUSE OF DEATH, ENTER IN WAS PERFORMED be YES A PART I OR PART II inform 22. I certify that I took charge of the remains described above, held an Autopsy N., Inspection [ ], Inquiry [ ], and found that death resulted from: Natural causes [ , Accident [ , Suicide [ , Homicide [ , Undetermined manner . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Tim oval Nr. 24,1956 DATE RECEIVED BY

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE



# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate of The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

after death.

executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01304

# 1352 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Anne Arundel MARYLAND	STATE Maryland: COUNTY Anne Arundel				
CITY (If outsida corporata limits, write RURAL   LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give naarest town)				
OR end give neerest town) (in this place)	TOWN Fort George G. Meade				
A PORT G.G. Meade, Md. 1-2 J.	STREET (If rurel give location)				
HOSPITAL OR INSTITUTION OR	ADDRESS				
50 STREET ADDRESS U. S. Army Hospital	A Co, 69th Sig Bn				
3. NAME OF (First) (Middla) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)				
(Type or Print) ROBERT M. HOLT	DEATH February 20 19 56				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9, AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.				
Male Negro (Specify) Single May	1, 1914 41 yrs.				
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
ratired) Soldier U. S. Army	St. Marys County, Maryland USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Philip Holt	Sarah Stewart				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
Yes, no, or unk.) (If Yes, give wer or dates of service) Yes 12 years	Violet Cooper				
	309 U Street, N. W. Washington, D. C.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE (A) Cardiac failure, ac	ute left ventricular failure DOA				
etlology undetermi	ned.				
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	YES NO				
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., atc.) [IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)				
While Not while	21f. HOW DID INJURY OCCUR?				
M.   at work   at work   20 Feb.	56 .2				
22. I hereby certify that I attended the deceased from Z.D. T. L.L.	19, that I last saw the deceased				
alive on 10 and that death occurred at	AM from the causes and on the date stated above				
SIGNATURE GENE D. TRETTIN Ft GG Meade, Morress (Street, city, town, state) 20 DATE STANED					
Slyce al Tretter M.D.	Et 99 weede fred 20 tres 56				
23. BURIAL, CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stete)				
REMOVAL (SPECIFY)					
Burial  24. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  26. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  27. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  28. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  29. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  29. REC'D BY REGISTRAR 4 SEGISTRAR'S SIGNATURE  29. REC'D BY REGISTRAR 5 SIGNATURE  29. REC'D BY REGISTRAR 5 SIGNATURE  29. REC'D BY REGISTRAR 5 SIGNATURE  29. REC'D BY REGISTRAR 6 SIGNATURE  29. REC'D BY REGISTRAR 6 SIGNATURE  29. REC'D BY REGISTRAR 7 SIGNATURE  29. REC'D BY					
	Dhilling Tuneral Home M"				
DATE 20 Feb 56 WILLIAM L. SAYLOR, IST LT	MSC Thirtips runeral nome, Balto, M				

MANUSCRIP STATE DEPARTMENTS OF HEALTH-DALLIMORE, ID. ESSE CERTIFICATE OF DEATH of alaryes and Both of the state on 1862 with a warmy that other control cathor BUBEVIL A E 20 to 36 self-action the Lorest devote a self-included the manual transfer of the contract of the con MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH NO

2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: COUNTY Anne Arundel STATE Maryland MARYLAND COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Annapolis (in this place) Annapolis TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS DOA Anne Arundel General 203 Severn Ave. (First) (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED: CAROLYN HUGHES DEATH FEBRUARY 11 (Type or Print) 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months Days (Specify): Widowed White April 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): Own Home Winchester A.A.Co.Md 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Laura Winchester John Winchester 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) Mr John Hughes. Son same as # 2 none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Cerebral Hemorrhage (a).... Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) ..... giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No (County) (State) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY HOME Annapolis Anne Arundel Maryband 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) | g21e. INJURY OCCURRED INJURY Feb. at work Natural causes 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes \$\Pi\$, Accident \$\Pi\$, Suicide \$\Pi\$, Homicide \$\Pi\$, Undetermined cause \$\Pi\$. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE Elmer G. Linhardt 23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) St. Mary's C metery Annapolis, Maryland eb. 14, 50 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG Annapolis.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Su age is especially important. Physicians: please wr

information carefully. The death clearly and legibly.

of

every item

Supply

VS. A15A - 5 - 5

DECENAED.

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BUREAU V. S.

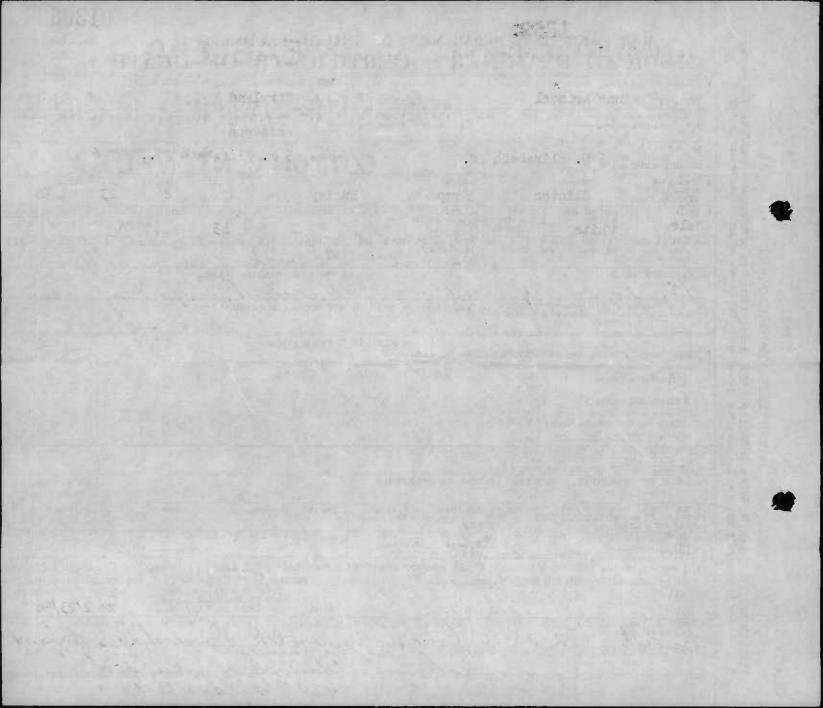
ELECTRICATE AND DESCRIPTION OF THE PROPERTY OF

MARYLAND	STATE DE	PARTMENT	OF HEAD	TH—BALT	MORE,	18
MEDICAL G	EXAMIN	ER'S C	ERTIE	TCATE	OF	DE

MEDICAL EXAMIN	er's cer	THICATE	OF DEATH	No.
I. PLACE OF DEATH:  COUNTY Anne Arundel		267	E (HOME) OF DECEASED:	A
	MARYLAND		OUCH 11	d'a
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	LENGTH OF STAY (In this place)	OR TOWN Pasad	orporate limits write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR 5 N. Elizabeth R	d.	STREET ADDRESS 5 N.	Elizabethal Rd's location	6
3. NAME OF (First) DECEASED: (Type or Print) Clinton	(Middle) Kemp	(Last) Hurley	4. DATE (Month) (Day OF DEATH 2 23	
Male White (Specify):	Morn Oct	211912	AGE last birthday: IF UNDER 1 3 Months Do	ays Hours Min.
work done during most of work life,	KIND OF BUSINESS OF INDUSTRY:	Claras	(State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	led	14. MOTHER'S MAID	EN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or with.) (If Yes, give war or dates of service)	Social Security No.:	17. INFORMANT & AI	DDRESS:	
		L CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEAD  Immediate cause (a)	Gunshot wou	nd of Chest		ONSET AND DEATH
Antecedent cause(s)				
Diseases or conditions, if any, (h)				
IL OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.	THE			
19a. DATE OF OPERATION: 19b. MAJOR FIND				20. AUTOPSY?
				Yes 🗌 No 🗌
21a. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH. INJU	CE (Home, farm, factory, street, office bldg., etc., RY			(State)
OF	INJURY OCCURRED  while at Not while ork at work at work	2If. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I took charge of find that death resulted from: Nature SIGNATURE		lent [], Suicide E		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify): 2-25-56	NAME OF CEMETER	y OR CREMATORY	LOCATION (City, town, or co	unty) (State)
DATE PEC'D BY LOCAL   PECISTRAR'S SICH	LATIDE	OL 24 FUNERAL DIRE	CTOP	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



ah

A15A - 5 - 53

21

#### EXAMINER'S CERTIFICATE DEATH

THE STATE OF THE S	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Thomas Boatyard	Town Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Fourth Street
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) CHARLES MARTIN	INMAN DEATH 2 9 19 56
	e of Birth:  10, 1940  9. AGE iast birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student 2nd High School	P 11 RIPTHPLACE (State or foreign country) : 12 CITIZEN OF WILA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert F. Inman Sr.	Marie A. Lowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
service)	Mr Robert F. Inman Sr. Father same as # 2
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)	Drowning
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes № No □
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factors	y,   21c. (City or town) (County) (State)
PRIMARY F or CONTRIBUTING OF Street, office bldg., etc.	Annenalie Anne Arundel Margiand
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 7 M. M.	i 21f. HOW DID INJURY OCCUR? While riding hike
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes . Accisionature	thed above, held an Autopsy , Inspection , Inquiry , and ident , Suicide , Homicide , Undetermined cause    CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER   M. D. ASSISTANT MEDICAL EXAM.    RY OR CREMATORY LOCATION (City, town, or county) (State)  Anna polis, Maryland Address
12 11-56 A Donnel	HOPPING FUNERAL HOME ANNAPOLIS, MD.

BUREAU V. &

9961 91 83

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

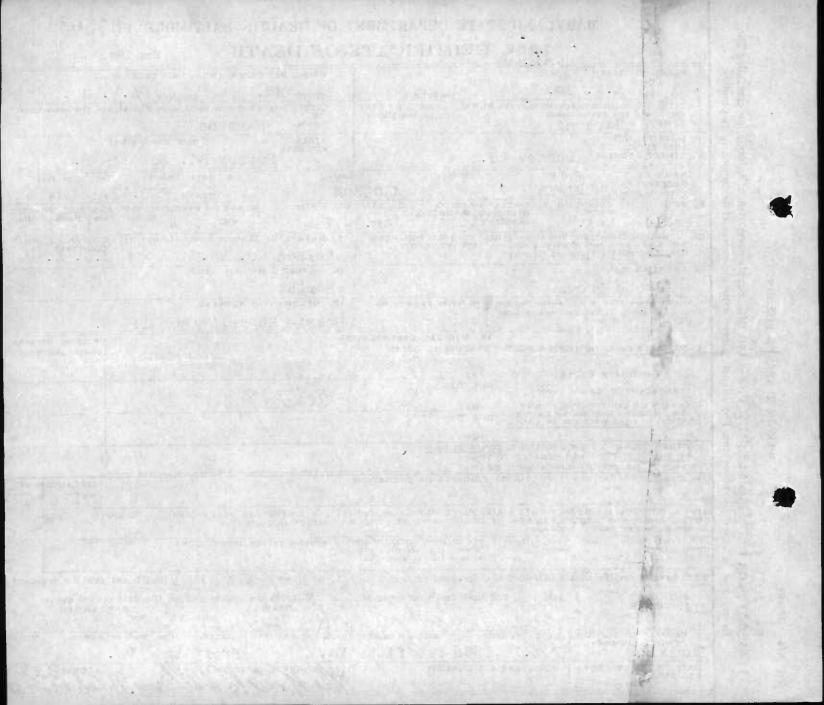
correct age is especially important. Physicians, please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)1308

1355 CERTIFICATE OF DEATH

Reg.	Dina	BY -
ner.	DIST.	NO.

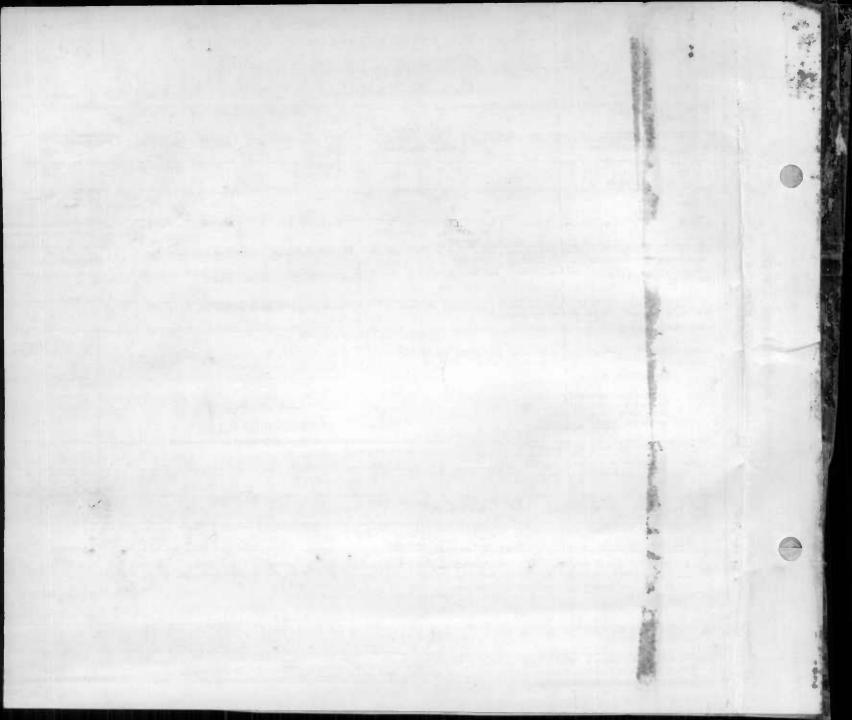
2000	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY A.A. CO. MARYLAND	STATE Md. COUNTY A.A. CO.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Harmons	or town Harmons
HOSPITAL OR	STREET (If rural give location)
of Street Address Dorsey Rd.	Dorsey Rd. Box 115 B.
3. NAME OF (First) (Middle) (	Last)   4. DATE (Month) (Day) (Yesr)
DECEASED: (Type or Print) PINKEY JACKS	ON OF DEATH: FEB.12, 1956
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HR6.
Female Col. WIDOWED DIVORCED. Jan. 2	5,1860 95 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Nelson Co. Va. 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:
James Brown	Martha ?
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates NO of service)	Bessie Mundell Box 115 B.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	e Cetility
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F, HOW DID INJURY OCCUR?
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	
Burial Feb.16,1956 Proffits  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  2-15-56	Va. Proffits Va.  1024 FUNERAL DIRECTOR VILLIAMS 9 ADDRESS 22



机

# Film G193 3-13-56 amaCERTIFICATE OF DEATH

3	11	FOR MEDICA	L EXAMINERS Reg. Dist. No.		
leg		. NAME OF DECEASED Type or Print)	2. DATE		
N. and	11	SIDNEY	N OF 2-23-56		
	A.	Baltimore Gity, Maryland On Perelle	4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
oint pe		FULL NAME OF (If not in hospital or institution, give street address location			
		NSTITUTION anne drunded lounly location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  New York City.		
-4.3	-	Yrs			
BALL of deal		Length of stay in Baltimore Mos	122 M 17/44 Ctmart		
4 %	5.	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	9. AGE (In years if Under I Year in Under 24 Hours Inst birthday) Months; Days Hours in Min.		
USE A		Male Negro Married	50 Bonths Days Hours Min.		
Cal	10	DATUSUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF		
NOT the c	1	k done during most of working life, even if retired)  Waiter	Mass. U.S.A.		
		3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
D. INK-DO se write		William Jackson	Unknown		
Zo	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL.  16. DO or unknowu)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS		
ACK pleas	1	SECORITI NO.			
or blue-bl	NO	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	nsive crushing injury of chest massive bilateral hemothorax.		
VENT BLAC Supplied.	CATIC	UNDERLYING CONDITION LAST.			
WITH PERMANENT BLACK be carefully supplied.	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3 miles north of Odenton Sts. on P.R.R.		
with be c	AL C	IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION CAUSE OF DEATH, ENTER IN PART I OR PART II	19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY?		
SE TYPE informal		22. I certify that I took charge of the remains described	above, held an Autopsy A, Inspection [], Inquiry [], and		
L C		found that death resulted from: Natural causes [],	Accident Z, Suicide [], Homicide [], Undetermined		
infi		manner [].			
PLEASE TYPE m of informa		23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2-21-56		
PI	2		ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
1	TIC	ON, REMOVAL (Specify) Removal 3-1-56 Mt. Holine	Butler, New Jersey.		
Every		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	\$25. FUNERAL DIRECTOR ADDRESS 578W		
H	7	OCAL REGISTRAR RUN.	MYD transporta Heurster Biddle St.		



### ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate bathe bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO ATTENDING PHYSICIAN

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1356 CERTIFICATE OF DEATH

01310

Reg.	Dist.	No. 25

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLA	IND STATE FOO. COUNTY
COUNTY MARYLA  CITY (If outside corgorata limits, write RURAL LENGTH OF	
OR and give nages town) TOWN (in this pla	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS If (If rurel give location)
3. NAME OF DECEASED (Type or Print) (Middle)	1996 DEATH 120 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify)	8. DATE OF BIRTH  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even life tellinal of the control of	COUNTRY?
13. FATHER'S NAME	14. MOJHER'S MAIDEN NAME
60013	/ ARGHEST DIETA SEIT
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never full) (If Yas, give wer or dates of service)	RITY NO. 17. INFORMANT & ADDRESS
18, MED	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
144 X IMMEDIATE CAUSE (A)	or of the vicial curry wo.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO. K
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCUR While Not at work at work	while _
22. I hereby certify that I attended the deceased from	27 7 19 57 to Fel- 20 , 19 56 , that I last saw the deceased
alive on Tele 20, 19 2 and that death of	occurred at 135 M.M. from the causes and on the date stated above.
signature I mald	M.D. 4609 Gay Kitchel Hyan 2-22 ST
REMOVAL (SPECIFY) 3/24/56 F	EMPTERY OR CREMATORY  LOCATION (City, 1647), or county)  (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATED 64 1956 1 Hotal Whiteen	del cece de decental de la cont

### CERTIFICATE OF DEATH



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

# • ATTENDING PHYSICIANTOR HOSPITAL: The law requires that the death certificate Da The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1357 CERTIFICATE OF DEATH

01311

Reg. Dist. No. 28

1. PLAC	E OF DEATH				2. USUAL	RESIDENCE	(HOME) OF	DECEASE	D	
COUNT	Anne Arunde	1	MARYL	AND	STATE	Maryla	nd COUNTY	Ca	alver	t
CITY OR TOWN	(If outside corporate limits, wri and give neerest town) Crownsville	e RURAL	Jyrs. 8	STAY	CITY (IF COR		limits, write RURAL	end give nee	rest town)	v.5
INSTITU	TAL OR UTION OR ADDRESS Crownsv	ille State			STREET ADDRESS	None 1		ive locetion)		
3. NAMI DECE (Type of	EASED	gie	(Middle)		(Less) Jefferso	n	4. DATE (MODEATH	onth)	(Dey) 16	(Yoar)
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARE WIDOWED, DI (Specify) Wi	VORCED,	8. DATE OF	given	9.	AGE lest birthdey	Months	1 YEAR Days	Hours Min.
	OCCUPATION (Give kind of luring most of working life, ev None given		ND OF BUSINES	S	1. BIRTHPLACE (	Stete or foreign or land	country)	12	COUNT COUNT U. S	
13. FATHER					14. MOTHER	'S MAIDEN NA	AE			
1	Not given				Not	given				
15. WAS C	DECEASED EVER IN U. S. ARM unk.) (If Yes, give wer or d		6. SOCIAL SEC	URITY NO.	17. INFO	ormant & ADD				
Y DISEASE	S OR CONDITIONS DIRECTLY	LEADING TO DEATH	18. MEI	DICAL CER	TIFICATION					EVAL BETWEEN
COL	IMMEDIATE CAUSE		iratory	Failure					ONSE	ET AND DEATH
GIVING RIS	OR CONDITIONS, IF ANY,	DUE TO	nonary I	ubercul	osis				2	years
TO THE	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION CAUSING DE	THE								Qr IF,
19e. DATE	OF OPERATION 198	. MAJOR FINDINGS	OF OPERATION	٧						AUTOPSY?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF DEATH	21b. PLACE (Hon OF INJURY street,	office bldg., etc.	, 21	c. WHERE DID IN	JURY OCCUR?	(City or town)	(Coun	ity)	(State)
21d. TIME C	OF INJURY (Month) (Dey)	Wh		IRRED 2 t while 2 work	If. HOW DID IN.	JURY OCCUR?				
22. I he	ereby certify that I a	ttended the dece	ased from	5/27	, 1952.,	102/1	6 19.56	, that I	last saw	the deceased
SIG	NATURE WILL	elegent	L. Ben	occurred at edict, M.D.	5:30pm, f M. D.)	ADDRE	ses and on the ss (Street, city, to ville, Mo	wn, steta)		2/17/56
REMO	CREMATION, DAT	19/56	mt.	Hope	CREMATORY	L	Sunderl	un, or county	)	mul (State)
DATE D	BY REGISTRAR PLACE	STRAR'S SIGNATUR	MIC	2 -	25. FUNERAL I	Sewell	NATURE U. P. F.		ADDRESS	pord

### CERTIFICATE OF DEATH

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ormaling who there is no the second

Endmission Tellographical

BUREAU V. S.

SEB ST 1806

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third cody of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01312

Reg. Dist. No.

### 1314CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Auto April 100/	Manulaus Alla
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE / //// / //// / COUNTY / -/ H > CO.
OR and give nearest town) (In this place)	CITY (If outside comporate limits, write RURAL end give nearest town) OR
10 TOWN HUNADOHIS	TOWN HUNAPOLIS
HOSPITAL OR	STREET (If rural give focation)
INSTITUTION OR BAY RIDGE KD.	ADDRESS BAY RIDGE RO.
3. NAME OF (First) (Middle)	- (Last) 4. DATE (Month) (Day) (Yaar)
(Type or Print) VIALDH KOY JO	HNSON DEATH & // 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE 9	
M (Spacify) MARRIED 8/0	24/1895 60 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working fife_payen if // OR-INDUSTRY	11. BIRTHPLACE (Stata or foreign country)   12. CITIZEN OF WHAT
done during most of working fife even if ratified) 45 the At GRM 1. S 400 t	U) EST / IR9/NA COUNTRY A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Muchouse	Muknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, ng, or unk.) (If Yas, give war br detas of service)	DODAIA HILL-JOHNSON #2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
MADDIATE CAUSE (A) CORCARS	THROMBOSIS & HOURS
DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) 1+15/15/105CAER	OTICHEART DISEASE 10 VAS
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from NOU	, 1955, to 2/11, 19.56., that I last saw the deceased
alive on	
SIGNATURE	ADDRESS (Street, city, town, stete)  DATE SIGNED
Believard & Bock M.D. 4	( Southgale Que amapulio 2/13kT.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, town or county)
NSUKIAL LEDAR	What F HUNAPOLIS MO.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / CLIT / 17 KM / JOHNS	som in print sons mid

MARYLAND STAYE DEPARTMENT OF HEALTH-DAILY ROSE, IS

### HTASC TO STADRITEDERS

CERTIFICATION OF THE PARTY OF T

DECTION

Control of the contro

HOLFAL WHITE INCLUSING

BUREAU V. S.

FEB 16 1956

BECEINED

PLEASE TYPE, OR WITH FERMANENT BLACK OR BLUE-BLACK INK-DO NOT USE A BALL POINT PEN.

1358
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()1313

				CE.	RTIFICATE	OF DEA	TH Reg. Dist.	No			
leg		NAME OF	DECEASED				2. DATE				
0		ype or Print)	THOMAS RE	ED JOHN	ISON		OF DEATH 2-23-5	56			
yar	A.	Daitimore	Gity, Maryland	on Falla	The .	A. STATE	ENCE (Where deceased lived, If ins	titution : residence before admission)			
clearly	В.	FULL NAME	(If not in hospit	al or institut	ion, give street address or	Marylan					
cle	IN	STITUTION	anne lunc	u con	only location)	township					
ath	>				V	Baltimore 6,					
dea	0	10			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
			stay in Baltimore		Days	1816 E1	linwood Road	V			
0	5.	SEX	6. COLOR OR RACE		E. MARRIEO. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years # Und	ler I Year   Il Under 24 Hours			
126		Male	White	Marr		July 28, 19		24,5 110012 11111			
] E	10	A. USUAL O	CCUPATION (Give kind of of working life, even if retired)	IOB. KINI	OF BUSINESS OR	11. BIRTHPLACE		CITIZEN OF WHAT COUNTRY?			
e II		oject M		Glenn	L.Martin Co.	Waverly, Va	a_   1	JSA			
٥		FATHER'S			20000	14. MOTHER'S MA					
ATT M	TA	Tesley Jo	ohnson			Mary Reed					
2	15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NQ.	17. INFORMANT	ADD	RESS Balto.Md			
Ca		res /	W.W. 2		229-03-9716	Mrs. Thos.	R. Johnson, 1816 Ell	linwood Rd.			
	Î	18. WAI	x		CAUSE	OF DEATH		INTERVAL BETWEEN			
T I		DISEA	SE OR CONDITION					ONSET AND DEATH			
2	(This does not mean the mode of dying, e.g., (A) Fracture of the pelvis										
7.	1	heart fail	ure, asthenia, etc. It mea	ns the diseas		ation of the	1				
7	injury or complication which caused death.) RVETP Laceration of the buttocks with										
.	ANTECEDENT CAUSES evisceration of abdominal contents										
Pari	징		S OR CONDITIONS, I		(B)		0.02.50.5.00.0				
4	Ěl		THE ABOVE CAUSE (A) YING CONDITION LA		HE DUE TO Train	deralled:	2-23-56 5:26 P.M.				
2	51				(C)						
Caletaily	ERTIFICATION	TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	ED T		ch of Odenton Sta. o	P.R.R.			
3		IF OPERATIO	N WAS RELATED TO	19A. DATE	OF OPERATION   1	98. CONDITION FO	OR WHICH OPERATION Part	20 AUTOPSY?			
2.	7				/	110 1 -111 -1111	DID INJURY OCCUR?	TES NO			
		OF INJURY	(Month) (Day) (Year)	(Hour)			n drild				
1 2			2-23-06	m.	WORK AT WORL	x Do	rtial				
mormanon		22. I certi	ify that I took char	ye of the	remains described a	bove, held an Au	topsy 🖾 , Inspection 🗌 , In	quiry [], and			
		found that	t death resulted fr	om: Na	tural causes [],	Accident 💆 , S	uicide 🗌, Homicide 🔲,	Undetermined			
	-	manner [	. /								
OT O	1	23A. SIGNA	TURE /	1/5	Top		TO TO THE TOTAL PROPERTY OF THE PARTY OF THE	DATE SIGNED			
			Wille	11000		.D. MEDICAL INV	ESTIGATOR DI 4-	24-56			
3	24 TIC	N. REMOVAL	CREMA- 24B. DATE	4	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, town, or	county) (State)			
ery		ourial	2/27/56		Parkwood Cemet		Baltimore, Md.				
4	DA	ATE RECEIVE	D BY REGISTRAN	SIGNAT	Vailes !	25. FUNERAL DIR	ECTOR A	DDRESS			

- whosehw Tuneral How 7401. Belair Rd.

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AND THE RESIDENCE AND THE PARTY OF THE PARTY	water .
A BEANN MESTINANT THOWEN OF CACCASICS	THE RELIGIOUS AND ASSESSED.
WIND STATE	AND THE WAY TO SEE THE PERSON OF THE PERSON
CITYER MINOR MINORS IN THE STREET ALT HALL SEE BY A ARTIST HOW IN TOWNS	VATE REPORTS TO THE REST OF A STREET PROPERTY OF THE PARTY OF THE PART
And the series of the series of the second s	AN ATTHOUGH AN HOUSE TAKEN
Lest) 4 DATE Months (Day 12min)	
THE PARTY OF THE P	TARE A CHINA TARGET THE HOLD BY STATE OF STATE O
TARWAY TO WITHIN ALL COMMERCIAL CONTRACT OF STATE OF STAT	emination to come on the analysis voltagions of grants of analysis of the new terms of the new terms.
SEWAR STORM A PROPERTY APPLICATION APPLICA	IMAN ARBITATA
17. первыхни в корякиз.	WAR TENEDS THER THE CAR, AND TO PERSON TO THE TAILOUT TAILOUT TO THE
PERSONAL LANGUE HO	TAL HERICAL ERRYRIGATE
MONTH INVESTMENT	MANUAL OF SHIPPET AND STANDARD SHOULD BE SAMERING.
	DAY SHUAR STANDARD TO
	OF BUILDING CALERS (4" DAIL TO
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	OF SHO SHUAR SHOW AND DESIGN DATES
	ONLY AUTHOR SMOUT GROSS TO ADVISOR MARINE ANT OF STALES TON THE ATABLE OF STALES ON BURN POST SMOUT OF THE CO.
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All the second s	OSHNUSCO THE AND THE PARTY OF T
AN THE SAME	. I being swift that I attended the decrees from
1190-051	is destroy of the held for . St
DECENTED	CHARLE TAKEN DATE WHITE AND
EMPRESA ROSTAND PRASHING TO	MATERIAL BY LOCAL PRESIDENT BURNING STATES

### ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

DATE

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1359 CERTIFICATE OF DEATH

01314

RACE WIDOWED, DIVORCED,	(Year)
CITY (It outside corporate limits, write RURAL OR end give nearest lown)  OR end give nearest lown)  TOWN Crownsville  ADDRESS  Crownswille State Hospital  STREET ADDRESS  Crownswille State Hospital  OR TOWN Frederick  STREET ADDRESS  OR Middle Alley  STREET ADDRESS  OR Middle Alley  CITY (It outside corporate limits, write RURAL end give nearest town)  OR Frederick  OR TOWN FREDERIC TOWN FREDRIC TOWN FREDERIC TOWN FREDERIC TOWN FREDERIC TOWN FREDERIC TOWN FREDRIC TOWN FREDERIC TOWN FREDRIC T	(Year)
OR end give nearest lown. Crownsville    3mos.27 days   Town   Frederick   Town	(Year)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Crownsyille State Hospital  Crownsyille State Hospital  Middle Alley  Crownsyille State Hospital  Crownsyille State Hospital  Middle Alley  A. Date (Month) (Dey)  OF DECEASED (Type or Print)  Example 1 (If rurel give focetion)  Middle Alley  A. Date (Month) (Dey)  OF DEATH 2 1  S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH  9. AGE lost birthdey   IF UNDER 1 YEAR   IF UND	(Year)
INSTITUTION OR STREET ADDRESS  Crownsyille State Hospital  302 Middle Alley  302 Middle Alley  (Host)  Greater (Month)  OF  DECEASED (Type or Print)  S. SEX  6. COLOR OR  7. SINGLE, MARRIED, S. DATE OF BIRTH  9. AGE lost birthdey  IF UNDER 1 YEAR IF L.	
3. NAME OF DECEASED (First) (Middle) (Lest) 4. DATE (Month) (Dey) OF ACT OF SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER	
(Type or Print)  Katie  Jones  Jones  Jones  AGE lest birthdey  IF UNDER 1 YEAR   IF	
(Type or Print)  Katie  Jones  DEATH 2  1  S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH  9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 1 YEAR	
PAGE NUMBER DIVERSES	19 56
DACE NUMBER DIVORCED	JNDER 24 HRS
	tours   Min.
	-   -
10a, USUAL OCCUPATION (Give kind of work done during, most of working fife, even if OR (NDUSTRY)  11. BIRTHPLACE (State or foraign country)  12. CITIZEN O	
done during, most of working fife, even if refired) Housewife — — — Maryland U. S.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Stephen Brown Mary Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS	
	ND DEATH
O 2 1 X IMMEDIATE CAUSE (A) Cerebro-vascular accident	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Syphilis	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	,
(C)	
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
	UTOPSY?
YES 🔀	NO 🗌
YES   21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (County)	
YES   21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (County)	NO 🗌
YES   21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF (NJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While   Not while   N	NO 🗌
YES   21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. at work  or Not while of work  Not while of w	NO (State)
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   Not while et work   21f. HOW DID INJURY OCCUR?  22. 1 hereby certify that 1 attended the deceased from 10/5 , 19 55, to 2/1 , 19 56, that 1 last saw the	NO (State)
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF (NJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   21f. HOW DID INJURY OCCUR?  22d. 1 hereby certify that 1 attended the deceased from 10/5 19 55, to 2/1 19 56, that 1 last saw the	NO (State)
YES ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town) (County)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while et work   Not while et work   10 mile   1	(State)
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While of work   21f. HOW DID INJURY OCCUR?	(State)
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   10/5 , to 2/1 , 19	(State)
YES ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While at work   Not while et work   21f. HOW DID INJURY OCCUR?  While Not while et work   21f. HOW DID INJURY OCCUR?  While at work   19	(State)  (State)
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while et work   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 10/5 19.55, to 2/1 19.56, that I last saw the alive on 2/1 19.55 19.5	(State)  (State)

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VS A15C 1-55 10M

The law requires that the death certificate or

### 1360 CERTIFICATE OF DEATH

Item 9. FilmG192 2-9-56 et			R	eg. Dist. No	27
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Anne Arundel	ARYLAND	STATE TILLIAG		Cook	
CITY (It outside corporate limits, write RURAL   LET	NGTH OF STAY (in this place)	CITY (If outside cor	porete limits, write RURAL a	and give naarest for	wn)
	l hour	201.01	ange	5	/x
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If ruref gir	va focation)	
STREET ADDRESS U.S. Army Hospital			South Edgewo	ood	1
3. NAME OF (First) (Middle DECEASED	)	(Last)	4. DATE (Mor		) (Yeer)
(Type or Print) CHARLES E.		KINSEY	DEATH I	ebruary	1 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEA	R IF UNDER 24 HR
Male White Specify Sing		ctober 1932	23 ДК ук.	Months Dey	s Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF	BUSINESS	11. BIRTHPLACE (Steta or fo	reign country)		IZEN OF WHAT
done during most of working life, even if OR INDUS		Washington			JUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME		
Maurice Everett Kinsey		Francis Fu	llar		
	IAL SECURITY NO.	17. INFORMANT 8			
Yes Since Sept 55	-28-7350	Armsy Sons	ice records		
1	8. MEDICAL CE		ree records		NTERVAL BETWEEN
	hock			9	1 hour
5 5 MMEDIATE CAUSE (A) Short					Thous
		emorrhage, cer	ebrai indrug		1 hour
GIVING RISE TO THE ABOVE CAUSE	variandory	- Lampago 2	) ungo	un	T mord
STATING UNDERLYING CAUSE LAST. DUE TO				0	
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OF	ERATION				20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING To 21b. PLACE (Home, farm	n. fectory.	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  STREET	ldg., etc.)		Anne Arunde		and
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJUR	Y OCCURRED	21f. HOW DID INJURY OCC	UR?	ing many y	atte
2 1500 Feb 1 56 M. While at work [	Not while at work	Bus accider	<b>4</b>		
22. I hereby certify that I attended the deceased	from 4 100	1336 10	rep 50,950	, that I last :	saw the decease
alive on 1 7-41 Feb 1956 50, and that	death occurred a	at 3:35 P.M. from the	causes and on the	date stated ab	ove.
SIGNATURE CHARLES KARPINSKI		3:55 PM AD	DRESS (Street, city, fow	rn, stete)	DATE SIGNE
Charles Karpinski	M.D.		eade Maryla		eb 56
23. BURIAL, CREMATION.   DATE HEREOF   NA	ME OF CEMETERY O	R CREMATORY	LOCATION (City, tow	n, or county)	(Stete)
Burial (SPECIFY) 2-3-56	/		LaGrange,		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	687 12.	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRE	SS
2 Feb 56 WILLIAM L. SAYI	OR, 1/Lt,	MIN. COOK	, INC., BALT	IV., ME	

MARIEANO STATE DIPARTMENT OF MEACH PALENCIES TO

### CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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VS A15C 1-55 10M

INSTRUCTIONS

death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01317

21

### 1316 CERTIFICATE OF DEATH

Item 14, FilmGl93 2-24-56 et			Reg.	Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECE	EASED	6
COUNTY Ceil.	MARYLAND	STATE MA	COUNTY	4. 6	1.
CITY (Il outside corporete limits, write RURAL OR and give nearest town)	(In this place)	OR //	te limits, write RURAL and g	ive neerest town)	
10 TOWN Punapoles		TOWN T	wechts	w	X
HOSPITAT OR INSTITUTION OR STREET ADDRESS Lane (Trundel	General	STREET ADDRESS	(Îf rurel give lo	cation)	/
3. NAME OF DECEASED (First) (Type or Print) Surge of	Middle)	reliver	4. DATE (Mogth) OF DEATH	(Dey)	(Yeer) 19.56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	DRCED,	29 1886 9.	-	UNDER 1 YEAR	Hours   Min.
done during most of working life, even if retired)	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foraign	2. Md.	12. CITIZEN COUNT	OF WHAT
13. FATHER'S NAME H. Fire	chner !	14. MOTHER'S MAIDEN NA Maggie	Joyce		
15. WAS DECEASED EVEN IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or detes of service)	SOCIAL SECURITY NO.	17. AFORMANT & AD	Fircher	W.	hurchter
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	1		VAL BETWEEN
33/X IMMEDIATE CAUSE (A) CEA	chral Va	seula, le	ccicling	- 4	deep
ANTECEDENT CAUSE(S) DUE TO	T	0,000		-	, /
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	un o ver	wsn		7	he c
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS (	OF OPERATION			20. YES	AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homo OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. While M. et wo	Not while	211. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the decea	sed from 2-17/	, 125 6 , 10 2/	10, 1936.	that I last saw	the deceased
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  23. BURIAL, CREMATION, REMOVAL (SPECIFY)	1 M.D. C	CREMATORY CREMATORY	uses and on the date	2/1	ATE SIGNED
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Thuring	25. FUNERAL DIRECTOR'S SI	GNATURE Heles	DDRESS	1 de
	- All and a second				

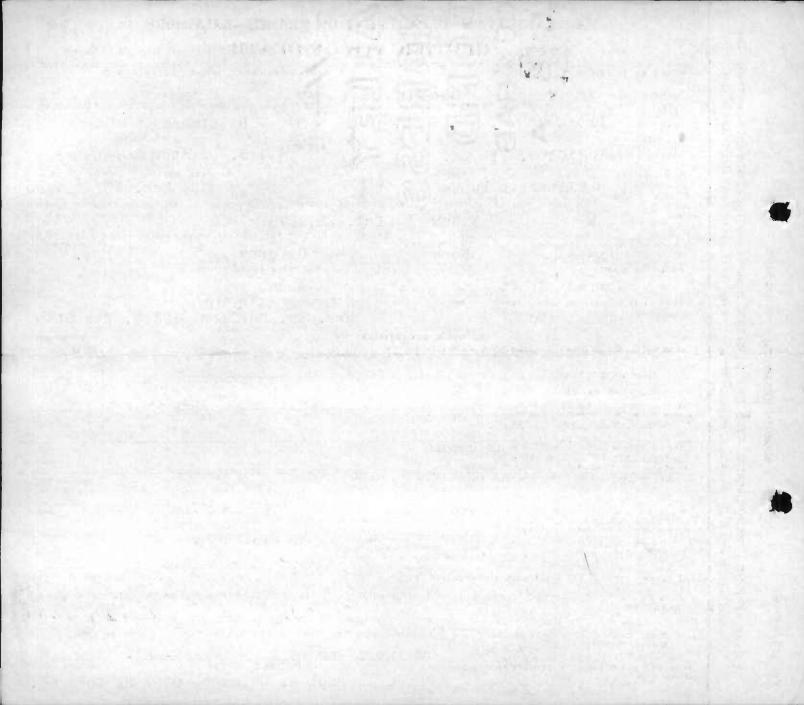
SIEGERTIFICATE OF DEATH

SI REGELLAR HTTE DE TO THE TO THE STATE OF ALTER A

BUREAU V. S.

PEB 12 1956

BECEINED



## TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1362 CERTIFICATE OF DEATH

01319

		R	eg. Dis	t. No	
1. PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF D	ECEASE	D	
COUNTY Anne Arundel MARYLAND	STATE Mary	land COUNTY	A.A		
CITY (If outside corporate limits, write RURAL CR end give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, write RURAL e	nd give ne	erest town)	
HOSPITAL OR	TOWN ANNO	ipolis			10
INSTITUTION OR Crownsville State Hospital		shing kon	o location)	1	1
3. NAME OF (First) (Middla)  (Type or Print) John Lar	(Last) Kins	4. DATE (MOI OF DEATH TO	1	(Dey) 24	(Year)
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	T-	AGE last birthdey	IF UNDE	R 1 YEAR	IF UNDER 24 HRS
Male Negro (Specify) Single Uni	Known	73 yrs.	Months	Deys	Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, evan II OR INDUSTRY	11. BIRTHPLACE (State or foreign	1	1	2. CITIZEI COUN	N OF WHAT
13. FATHER'S NAME Dennis Larkins	14. MOTHER'S MAIDEN N.		M.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS/	1		
(Yes, no, or unk.) (II Yes, give war or dates of service) Un Known	Hospin	tal Reco	rds		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION				RVAL BETWEEN
	nd Cerebral A	friencise le	iros Ls		cars
ANTECEDENT CAUSE(S) DUE TO					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  Mental Defi	Ciency				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				20	. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, lectory,	21. WHITE DID BUILDY O SOLID Y			YES	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR?		(Cou	nty)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	211. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-24	, 1956 , 10 2.	- 24, 1956	, that I	last sav	v the deceased
alive on 2-24 , 1955 , and that death occurred at					
Stanley C. Sargean M.D.		ESS (Street, city, tow		2	-25-5%
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAMEO CEMETERY OR	CREMATOR	LOCATION (City, tow	n or count	у)	(State)
DATE  24 RECO BY REGISTRAR S REGISTRAR'S SIGNATURE  DATE	25 FUNERAL DIRECTOR'S SI	GMATURE	AL	ADDRESS	lester.

Maryland State Department of Health-Baltmore, 12

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	04200
AK PLAND	SIAIE	DEPARIMENT	Or	HEALIN-BALIIMOKE,	18	01320

1317	CERTIFICA	ATE OF DEATH	l de la companya de l	eg. Dist. No. 2)
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	de deceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. I RURAL and give hearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, we'lle RUR	A ond give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street addr. OR INSTITUTION	ess) U	d. STREET ADDRESS	west a	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Well all	Middle Z	er fund	4. DATE OF Month DEATH TO CO.	2// 1956
5. SEN 6. COLOR OR RACE 7. MARRIED [ WIDOWED ]	DIVORCED	B. DATE OF BIRTH	ast Birth ay) yrs.	UNDER 1 YEAR IF UNDER 24 HRS. lanths Days Haurs Min.
10g. USUAL OCCUPATION (Give kind of work done 10b. KINE during work of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE States	or fareign country)  L. A.A.Co.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S VALVAE LUR	kins	14. MOTHER'S MAIDENIN	ame Inc. Sn	owden
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [If yes, give war or dates of service]	IAL SECURITY NO. 17.	NEMPLY Z	arkins	
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) 2 Kd	(a), (b), and (c).]	BUENS-EN	tiee body	INTERVAL BETWEEN ONSET AND DEATH
9/6.0 DUE TO Conditions, if ony, which (b)				
gave rise to immediate coese (a), stating the <u>under-lying couse last.</u>   DUE TO   Column   Column				
PART II. OTHER SIGNIFICANT CONDITIONS CONT  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED	D. (Enter pature of injury in P.	art 1 ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Haur a. m. p. m. 2/2// 6 19 While at work 1		ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)		(Caunty) (State)
21. I certify that I attended the deceased f		19, to_2/		hat I last saw the deceased
ACTUAL SIGNATURE Cum hard	, and that death		.M, from the causes and DDRESS (Street, city or town, sta Waylorch	d an the date stated abave.  DATE SIGNED  LINES
PHYSICIAN'S F. LINHARdt.		V	Ų	
Busine Febr 27/86	C. NAME OF CEMETERY O	E CREMATORY	22d. LOGATION (City, town, or co	aught (Stoje)
23. FUNERAL DIRECTOR'S SIGNATURE The Source of the son	V. Gunaha	les. md DATE 2/	BY REGISTRAR 246 REGISTR	AR'S SIGNATURE

MAD PROBLEM STATE DEPARTMENTS OF MEALTREEATHMOSE, 18 ( - SAN A - SAN FEB 27 1956

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1318 CERTIFICATE OF DEATH

Reg. Dist. No. 21

Anne Arundel Maytand Maytand Ame Arundel Septente limits, write c. LENGTH OF STAY IN 16 B. CITY OR TOWN (if outside corporate limits, write notated bown)  Annapolis  d. NAME OF HOSPITAL (if not in hospital, give street oddress)  Anne Arundel General Hospital  d. STREET AODRESS  RFD Dunkirk  Anne Arundel General Hospital  RFD Dunkirk  A. DATE Month OF THE MONTH ON THE		LACE OF DEATH		2. USUAL RESIDENCE (Who o. STATE			on: Residence befo	ore admission)
REAL and give hearest lawn)  Annapolis  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  Anne Arundel General Hospital  RFD Dunkirk  Anne Arundel General Hospital  Boat General February  Anne General February  Anne General February  Boat General February		Anne Arundel	Maryland Arund ol					
Annapolis  d. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  CHRISTOPHER  COLUMBUS LEITCH  SEX  6. COLOR OR RACE (7. MARREIC)  Note of Decease (1. Month)  Middle  White  Note of Devery (1. Month)  OFAIR February  COLUMBUS LEITCH  OFAIR February  COLUMBUS LEITCH  OFAIR February  OFAIR February  The Note of BIRTH  PARTILIDATION (Give kind of work done)  100. USUAL OCCUPATION (Give kind of work done)  101. Months of Business OR INDUSTRY (11. BIRTHPLACE (Stole or foreign country)  11. MOTHER'S MAIDEN NAME  OTHER STADPES  II. AMOTHER'S MAIDEN NAME  OTHER STADPES  III. SATHER'S NAME  12. CITIZEN OF WHAT COUNTRY  MET LOIS LEITCH  III. MOTHER'S MAIDEN NAME  OTHER STADPES  III. COLUMBUS LEITCH  III. BIRTHPLACE (Stole or foreign country)  III. BI			C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
ON A FARM?    AME OF   CHRISTOPHER   COLUMBUS LEITCH   COLUMBUS LE		O Annapolis	V	Jewell			X	
Anne Arundel General Hospital RFD Dunkirk  3. NAME OF DECEASED (Type or print) CHRISTOPHER COLUMBUS LEITCH    COLUMBUS LEITCH   COLUMBUS L	18	B. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM?
DECEASED   CHRISTOPHER   COLUMBUS LEITCH   OPEN   February   25   19 56	6	, , , , , , , , , , , , , , , , , , ,	Hespital	RFD Dunkirk				
CHRISTOPHER   COLUMBUS LETCH   DEATH FOURISTY   25   19 56			Middle	Last		Mont	th D	ay Year
Male White WIDOWED DIVORCED Sept. 28,1881  100. USUAL OCCUPATION (Give kind of work done) to the training most of working life, even if retired)  Merchant  11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY  USA  13. FATHER'S NAME  Christopher C. Leitch  14. MOTHER'S MAIDEN NAME  Christopher C. Leitch  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  IVEA. no. or winnership (If yea, give work of door of staries)  PART I. DEATH WAS CAUSED BY:  IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), orgs (c).]  PART I. DEATH WAS CAUSED BY:  IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), orgs (c).]  PART I. DEATH WAS CAUSED BY:  USA  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), orgs (c).]  PART I. DEATH WAS CAUSED BY:  USA  19. ACCIDENT WAS UNDERLYING  200. TIME OF INJURY Month, Doy, Year ADD Not while of work of while of work of or work  200. TIME OF INJURY Month, Doy, Year ADD Not while of work of or work  201. I certify that Latended the deceased from  202. I certify that Latended the deceased from  203. ACCIDENT Was underly that Latended the deceased from  204. I certify that Latended the deceased from  205. The Control of the c		Type or print) CHRISTOPHER	COLUMBUS LEIT	CH	DEATH	Februar	y 25	19 56
Note	5. 5	EX 6. COLOR OR RACE 7. MARR	HED K NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years		1
during most of working life, even if retired)  Merchant  13. FATHER'S NAME  Christopher C. Leitch  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT  IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if ony, which gove rise to immediate cotic (c). DUE TO  IMMEDIATE CAUSE (d). DUE TO  Conditions, if ony, which gove rise to immediate cotic (o), stoling the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMSO? YES ON O CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that I affended the deceased from 19. Not while of work of	M	White Widowi	ED DIVORCED	Sept. 28,188	1	74 yrs.	monins Days	Hours Min.
Merchant   General Store   Maryland   USA	10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign cour	ntry)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME  Christopher C. Leitch  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If yes, yes, yes wor or dotte of service)  RMS Lois Leitch - Same as # 2  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), gris (c)]  PART I. DEATH WAS CAUSE DEV. DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoing the under. Immediate couse (o), stoing the under. In other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(o) 19. Was autopsy Performs or Yes No    20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. Time Of Injury Medical examiner   20b. DESCRIBE HOW INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, 19 m. 19   19   19   19   19   19   19   19		Merchant Ge	neral Store	Maryland			USA	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ords (c).]    18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ords (c).]    19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	13.			14. MOTHER'S MAIDEN N	AME			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   19. PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?   19. VAS AUTOPSY PERFORMED?   10. PLACE OF INJURY Home, form, 20f. (City or town) (County) (Stote) Hour o. m. p. m. 19 While of work of	1	Christopher C. Leitch		Jesephin	e Wach			
IB. CAUSE OF DEATH   Enter only one couse per line for (o), (b), gris (c).]   PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)   PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o)   PART II. OTHER SI	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess	
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   DUE TO	1.0	(ii yes, gre wat of colds of savice)	? Mr	s Lois Leitch	- sam	ne as #	2	
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DUE TO  Conditions, if ony, which gove rise to immediate coess (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (State) of work of twork of two		PART I. DEATH WAS CAUSED BY: (N. A. VILLER O VAR V. S. M. M. M. J. VILLER ONSET AND DEATH						
gove rise to immediate cots (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Not while of work of		443 X DUE TO (	400	0		1		1/11/10
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work 19 of work 19 While of work 19 Not while of work 19 Not while of work 19 Not work 19 Not while of work 19 Not work 1	Z		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE O	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
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21. I certify that I affended the deceased from 7 4 123 , 19 1, ta Tel 25 , 19 1 that I last saw the deceased	GER	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
21. I certify that I affended the deceased from 7 4 123 , 19 1, ta Tel 25 , 19 1 that I last saw the deceased	S					r town)	(County)	(Stole)
21. I certify that I affended the deceased from 7 4 123 , 19 1, ta Tel 25 , 19 1 that I last saw the deceased	WED	21. I certify that I attended the deceased from 7-4 123 , 195, ta 1-25 , 1956 that I last saw the deceased						
	-							
ADDRESS (Sireet, city or lown, stote)  DATE SIGNED								
ACTUAL DILLAND AND VOLUMENT		ACTUAL	11/1/		Add	B K	llestin	el
SIGNATURE M.D. M.D.		SIGNATURE	ucy	M.D	all for		- fue	
PHYSICIAN'S NAME (Type) Dr. Elmer G. Linhardt		PHYSICIAN'S Dr. Elmer G. Lin	hardt				0	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	ON (City, town, o	or county)	(Stote)
Burial/ Feb. 28.56 Friendship Cemetery Friendship Anne Amundal Ma			Friendshin C	emetery	End and	labin "	Notes A server	
23. FUNIERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE	23,			V 1				
W.H. Hutchins Owings, Maryland Date 2-27-56	W	.H. Hutchins Owin	gs. Maryland	DATE 2	-27-56	11.1 "	110	much

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1363 Reg. Dist. No. 24 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED: The legibly COUNTY COUNTY STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) carefully. OR and give nearest town) OR (in this place) TOWN Burn and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS clearly information 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) (Last) DECEASED: OF UEIYS (Type or Print) DEATH: death 5. SEX: S. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months | Doys (Specify): Wirk Jo 10a. USUAL OCCUPATION. Give kind of 12. CITIZEN OF 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): Jo work done during most of working life, INDUSTRY: COUNTRY? even if retired): Houseufl 14. MOTHER'S NAIDEN NAME: Sarah S causes more 13. FATHER'S NAME: ery eV 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: ROB (Yes, no, or unk.) (If Yes, give war or dates of Supply write 18. MEDICAL CERTIFICATION MARGIN RESERVED Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death INK. 331X please Immediate cause (a) DUE TO UNFADING Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) .. giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important, 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes No ACCIDENT (STATE) (COUNTY) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) PLAINLY, OF INJURY SUICIDE office bldg., etc.) HOMICIDE especially TIME (Month) (Year) (Day) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF While at INJURY At Work Work 22. I hereby certify that I attended the deceased from 13 Feb., 1956, to 14 Feb., 1956, that I last saw the deceased WRITE -: 45 AM, from the causes and on the date stated above. alive on .13 and that death occurred at 23 SIGNATURE DATE SIGNED (Degree or title) ADDRESS 13Feb 1956 Burne BURIAL, CREMATION. DATE LOCATION (City, town, or county) E REMOVAL (Specify) PLEA DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DIRECTOR FUNERAL REGISTRAR

BUREAU V.

FEB 17 1956

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1319CERTIFICATE OF DEATH

01323

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY A.A.	MARYLAND	STATE Md.	COUNTY	A.A.	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		rata fimits, writa RURAL a	and give nearest town)	
OR and give nearest town) // TOWN Annapolis	(In this place)		dena, Md.		4.
HOSPITAL OR	1 2 110 02	STREET DE'D		va location) Box	497 /
INSTITUTION OR STREET ADDRESS A.A. General Fo	pnitol	ADDICESS	Shore, P		Md.
	Niddla)	(Last)	4. DATE (Mo		(Year)
(Type or Print)		MANU	OF DEATH T	eb. 29	5.6
5. SEX   6. COLOR OR   7. SINGLE, MARRIED	0 0	OF RIDTH	AGE last birthday	I IF UNDER 1 YEAR	19 56 LIF UNDER 24 HRS.
RACE WIDOWED, DIVO				Months   Days	Hours   Min.
F. W. (Specify) arr	ied Aug.	14, 1898	57 угв.		
dona during most of working life, even if OR I	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or forei	gn country)	I2. CITIZE	N OF WHAT
relired) Housewife		Maryland		U.S	•
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Will		Unknown			
	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS RFD	5 Lox 4	91
(Yas, no, or unk.) (If Yas, give wer or dates of service)		George H.	Mank Pa	sadena.	Nd.
	18. MEDICAL CER	TIFICATION		INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	to and	11.1	. (	ON:	SEI AND DEATH
260 X IMMEDIATE CAUSE (A) [LEC	ace corr	71 ary /1676	71) 12411	/-	11666
ANTECEDENT CAUSE(S) DUE TO HAMPINGTON					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TRAINING INDEPLYING CAUSE LAST DUE TO	. / .	2 2 1			
STATING UNDERLYING CAUSE LAST. DUE TO	abeles 7	nellities		4-	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				1/	1
DISEASE OR CONDITION CAUSING DEATH.	none	•			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION				AUTOPSY?
21a. ACCIDENT WAS UNDERLYING □   21b. PLACE (Home,	from factors 1	21c. WHERE DID INJURY OCCUP	2 (City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		ZIC. WHERE DID INJOKT OCCUP	tr (City of lown)	(County)	faieici
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. II Whila	NJURY OCCURRED	21f. HOW DID INJURY OCCUP	?		
M, at wor			/		
22. I hereby certify that I attended the deceas	ed from 11.12. 2.	O., 1952, 10 Fel	29,193	C., that I last say	w the deceased
alive on F. 6 29 19.5 and t	that death occurred at	101.10M, from the c	auses and on the	date stated abov	е.
SIGNATURE .			RESS (Street, city, tow		DATE SIGNED
K.M. McZaughlin	M.D. /	4FD8 1304448	Pasadia	I Mid El	1.29,1954
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(Stata)
Furial 3/3/56	Glen Have	n	A A CC	Ma	
24. REC'D BY REGISTRAR 956 REGISTRAR'S SIGNATURE	-	25. JUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	1-11
DATE //mv. fr Tr	enchla	/level!	Torce 4	00/ Pula	hie / tzery

ACADY AND STATE DEPARTMENT OF HEALTH-BALTHER OF AT

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### ISISCERTIFICATE OF DEATH

Post Dist. 1964

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### MARYLAND STATE DEPARTMENT OF HEALTH

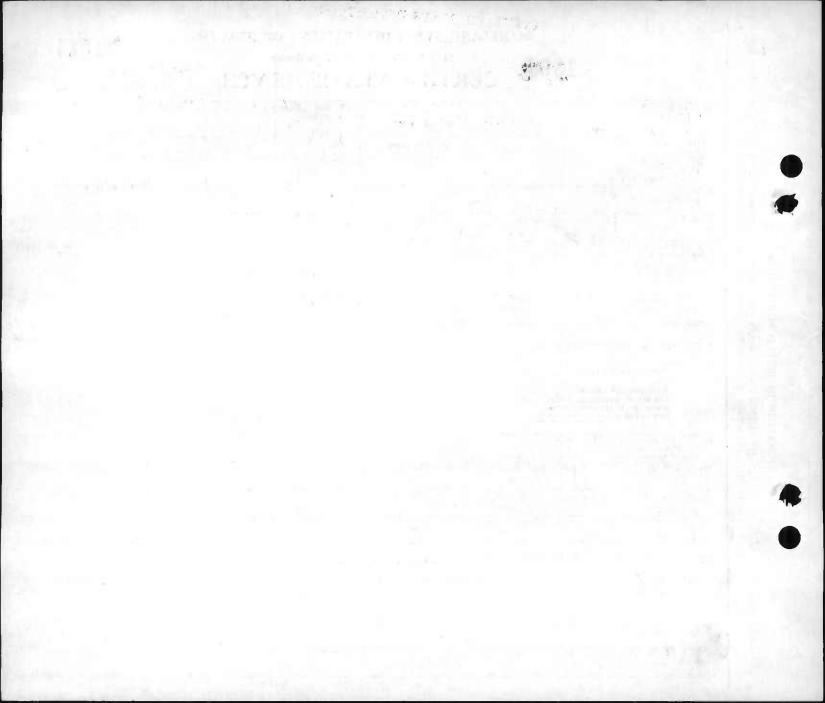
2411 N. Charles Street, Baltimore

1364

### CERTIFICATE OF DEATH

01324

ODICI II TOTT	Reg. Dist. No.	- /7
1. PLACE OF DEATH. COUNTY OF CAUSAGE - MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Jan Gant
CITY (If outside optorate limits, write RURAL and LENGTH OF STAY OR give nearest flown)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If runii give location) ADDRESS Out flese	Good
3. NAME OF DECEASED (Middle) (Type or Print)	ARSHALL OF DEATH LL.	(Day) (Year) 195 (
Venale White Tingle, MARRIED, WIDOWED, DIVORCED, (Specify)	8-DATE OF BIRTH 9. AGE last birthday If under Months	I year If under 24 hrs. Dnys Hours Min.
10a. USUAL OCCUBATION (Give kind of work done during most of working life, even if redred)  INDUSTRY  INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME Jane	14. MOTHER'S MAIDEN NAME LICKENberge	
15. WAS DESCARD EVER IN U.S. ARMED FORCES? (Yes, no, op tinknown) (If yes, give war or dates of service)	Margaret Council	monta
18. MEDICAL CE	PRTIFICATION/	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause (a) MYOCAR	DIAL INFARCTION	30 N/11/1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	TENSION	AD AD 80 44 - 1 - 100 house 04 minor 10 0000000000000000000000000000000000
stating the underlying cause last	0501580515	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1952, to/O FRE, 1956, that I last sa	w the deceased
alive on 10 Feb , 1956, and that death occurred at	4: 30 Am from the causes and on the data state	ted shove
SIGNATURE (Degree or titie)	ADDRESS	DATE SIGNED
a llarge repallino	Cherral 2.7. m. 23	756
23. BENIAL CREMATION COUTTS THEREOF NAME OF CEMETE REMOVAL (Specify)	HI CREMATORY LOCATION (City from, or county	Per - Mu
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. TO COLUMN THE REC'S BY LOCAL REGISTRAR'S SIGNATURE REC'D BY LOCAL REC'D BY	24) FUNERAL DIRECTOR - 1646 Ca.	ADDRESS Ca



NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1365 CERTIFICATE OF DEATH

01325

Reg. Dist. No.....

The state of the s	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY anne Armael MARYLAND	STATE Many land county anne august
CITY (It outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
OR and give nearest town) PA 3 (170 (In this place)	TOWN DA L. PA BUE
HOSPITAL OR	STREET (If surel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS #
3, NAME OF (First) (Middle)	(Lest) // 4. DATE (Month) (Dey) (Year)
OECEASED (Type or Print) Teans Plus shell Mc	Gas (21)  4. DATE (Month) (Dey) (Year)  OF  DEATH Feliums 1: 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF	
ternale who to (Specify) make panner	- 136,1956 yrs. Month's Deys. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
part / Cort	Lacakra Maryland H. S.M.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cacel Mc Couley	Christine Share
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or datas of sarvica)	17. INFORMANT & ADDRESS
(165, 110, Or disk.) (18 165, give way of dates of salvice)	- Secil Mchuly Jerschro Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
Maria Maria INI	ind moderate hit is line
1/4 MMEDIATE CAUSE (A) JULIANALY MIAL	The lot discipled the time
DISEASES OR CONDITIONS, IF ANY, (B)	30 hu
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES NO X
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory,   2	Ic, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Stelly)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from.	10 · 1 to Felt 10 to that I last saw the decease
	1 . 7
alive on 19 19 and that death occurred at.	ADDRESS (Street, city, town, state) DATE SIGNE
1/10000 11/1 100 -	Charl Hall Ariald. 11/4 3 Cl. Y.
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR O	CREMATORY LOCATION (City, town, or county) (Stete)
REMOVAL (SPECIFY)	XI , CAN PRO SOUL
24. REC'D BY REGISTRAR   REGISTRAB; SEGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE
41-1 40 A 200	19 1 If All B
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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BUREAU V.

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**INSTRUCTIONS** 

after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01326

### 1320 CERTIFICATE OF DEATH

Reg. Dist. No..

K	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
	county Anne Arundel MARY	LAND	STATE Maryland county Anna Amindel				
	CITY (If outside corporate limits, write RURAL   LENGTH	OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)				
	OR and give neerest town) (in this TOWN Annapolis,	s placa)	OR TOWN 71 - m - 7 - 1 II - m h om				
	HOSPITAL OR		TOWN Herold Harbor STREET (If ruref give location)				
	MINSTITUTION OR DOA Anne Arundel Genera	1 Hospif	t 1 ADDRESS				
	99 STREET ADDRESS	F	Crownsville Post Office				
	3. NAME OF George W. McGee a Middle) Ge	orge W.	(last) OF (Month) (Day) (Yaar)				
	(Type or Print) Year 9e. W.	0.50	MC 4 EE. DEATH 2 26 1956				
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE					
	RACE WIDOWED, DIVORCED,	Dee	22.1894 61 yrs. Months Deys Hours Min.				
	LISTE MUT CE LISTITED						
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if OR INDUSTRY	ESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	retired) Quartman U.S. Gov		Baltimore, Maryland USA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	James G. McGee		Maximodlaykon Alice Tudor				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SI	ECURITY NO.	17. INFORMANT & ADDRESS				
A	(Ver an exact ) (If Ver also were and date of exactes)						
0		7 7	Mrs Myrtle M. McGee- Wife- same as # 2				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	EDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH				
	(100)		Visigne Judden				
	IMMEDIATE CAUSE (A)	my u	useus -				
	ANTECEDENT CAUSE(S) DUE TO	//					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE						
	STATING UNDERLYING CAUSE LAST. DUE TO						
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING DEATH.						
1	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY? YES NO IX				
9	2fa. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, fact	ory I	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Steta)				
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,		Ale, White Dis House a county (city of form)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21e. INJURY OC	CLIPPED	21f. HOW DID INJURY OCCUR?				
	While Not while						
		at work					
	22. I hereby certify that I attended the deceased from, 19, to 2/25, 19, 19						
	alive on	h occurred a	at				
10M	SIGNATURE		ADDRESS (Streat, city, town, steta) DATE SIGNED				
	Chen hout	M. D.	Lun hely Vil 2/25/5/6				
1.5	23. BURIAL, CREMATION,   DATE THEREOF   NAME O	F CEMETERY OR	R CREMATORY   LOCATION (City, town, or county) (Stata)				
A15C 1-55	REMOVAL (SPECIFY)	Warner of	Comptant				
		n naven	Cemetery Glen Burnie, Maryland				
VS	24. REC'D BY REGISTRAR REGISTIONS SIGNATURE	1	in + Hopen 11				
	DATE 2-28-56	inc.	HOPPING FUNERAL HOME XWAPOLIS. MD.				

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### 220 CERTIFICATE OF DEATH



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1321 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Anne Arundel maryland	STATE Maryland COUNTY Anne Aru	nd el
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Annabolis	CITY (If outside corporate limits write RURAL and OR TOWN Box 161 RFD 4 Annapol	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital	STREET (If rural, give location) Winchester on the Se	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SUELLEN McGILLIVRAY	(Last) 4. DATE (Month) (Day	(Year)
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y t 12, 1948 7 yrs. Months Da	EAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Student INDUSTRY:  2nd Grade	R   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
-H-Archie McGillivray	Iris Precoirt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
	r. Harchie McGillivray-Father-sam	ne as # 2
18. MEDICA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crushing injuries DUE TO	to chest and Skull fracture	J. hours
Antecedent cause(s)		
Diseases or conditions, if any, (b)		***************************************
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	Arnold, Anne Arundel Marylan	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while injury -13-56 8:55 a.m. work at work	Auto and truck accident, on way	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy [], Inspection X,	Inquiry K, and
find that death resulted from: Natural causes [], Accid		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2-13-56
Elmer G. Linhardt ) Missil Many	M. D. ASSISTANT MEDICAL EXAM.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):		, (=,
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Ceme tery Anna polis, Maryla	ADDRESS
REG. 2-14-56	HOPPING FUNEINL HOME ANNAPLO	

SURERU V. K.

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TO ATTENDING PHYSICIAN

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			20 YES	OTUA.	PSY?	7
)	{(	County		(Ste	L	

1. PLACE OF	DEATH		2. USUAL RESIDENCE (HOME) OF DECE	Dist. No.
COUNTY (	nne Chuns	POP MARYLAND	STATE MOL COUNTY A	me Bruns
CITY (If outside OR and private or	da corporata limits, write RURAL e naarest town)	LENGTH OF STAY (in this place)	CITY (It outside corporate limits, write RURAL and gi	va naerest town)
TOWN	mapolis	· Hyrs	TOWN Umapoles	16
HOSPITAL OR INSTITUTION O STREET ADDRES	*Homewood	Convalescen	STREET ADDRESS 1312 West	Pation)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	Caryth 4. DATE (Month) OF DEATH 2	(Dey) (Year) 15 19 5
Emale.	6. COLOR OF 7. SING	OWED, DIVORCED,		UNDER 1 YEAR   IF UNDER 24
10e. USUAL OCCUP	ATION (Give kind of work opt of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Baltumore	12. CITIZEN OF WHAT
13. FATHER'S NAM  15. WAS DECEASE  (Yas, no, or unk.)			14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED	EVER IN U. S. ARMED FORCES	1   16. SOCIAL SECURITY NO	Unknown  17. INFORMANT & ADDRESS	107/1
(Yas, no, or unk.)	(If Yes, give wer or deles of servi	ca) 2	mr 1. Leo Cooney	Filmor
I DISEASES OR CO	ONDITIONS DIRECTLY LEADING T	O DEATH) 18. MEDICAL	CERTIFICATION	INTERVAL BETWEE
		(Orelease)	and while ( Par , Dout	24 Hours
33/X IMM	EDIATE CAUSE (A)	Cerebral ()	result (Serient	ONSET AND DEAT
ANTEC DISEASES OR CON GIVING RISE TO T	EDIATE CAUSE  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY, (B)  HE ABOVE CAUSE  NG CAUSE LAST.  DUE TO	Cerebral 1/2	corner acusent	J HENRY
ANTEC DISEASES OR CON GIVING RISE TO T	EDIATE CAUSE (A)  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY,  HE ABOVE CAUSE  NG CAUSE LAST.  (C)	Cerebral ()	Coroses (Receptant	J. Hours
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  11 OTHER SIGNIFICA TO THE DEATH B	EDIATE CAUSE  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY, (8)  HE ABOVE CAUSE  ING CAUSE LAST.  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE	Cerebral ()	Corosio Caresant	J. Henry
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  11 OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON 19a. DATE OF OPER	EDIATE CAUSE  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY, (B)  HE ABOVE CAUSE  NG CAUSE LAST, DUE TO  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE  IDITION CAUSING DEATH.	Cerebral ()	Corosio Caresant	20. AUTOPSY?
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  II OTHER SIGNIFICA TO THE DEATH BB DISEASE OR CON 19a. DATE OF OPER  21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY W	EDIATE CAUSE  (A)  EDENT CAUSE(S)  DUE TO  DITIONS, IF ANY,  HE ABOVE CAUSE  ING CAUSE LAST.  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE  DITION CAUSING DEATH.  ATION  19-b. MAJOR  S. UNDERLYING   1 21b. PL	Cerebral ()	21c. WHERE DID INJURY OCCUR? (City or town)	29 Hours
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  II OTHER SIGNIFICA TO THE DEATH BB DISEASE OR CON 19a. DATE OF OPER  21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY W	EDIATE CAUSE  (A)  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY,  HE ABOVE CAUSE  ING CAUSE LAST.  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE  IDITION CAUSING DEATH.  ATION 19b. MAJOR  (S UNDERLYING   21b. PL/  CAUSE OF DEATH  IEDICAL EXAMINER)  Y (Month) (Day) (Yeer) (Ho	FINDINGS OF OPERATION  ACE (Home, tarm, tactory, RY straet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	20. AUTOPSY?
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  II OTHER SIGNIFICA TO THE DEATH BB DISEASE OR CON 19a. DATE OF OPER  21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY W	EDIATE CAUSE  EDENT CAUSE(S)  DUE TO  IDITIONS, IF ANY,  HE ABOYE CAUSE  NG CAUSE LAST.  URT CONDITIONS CONTRIBUTING  JI NOT RELATED TO THE  IDITION CAUSING DEATH.  ATION  19b. MAJOR  S UNDERLYING   21b. PL.  CAUSE OF DEATH  EDICAL EXAMINER)  Y (Month) (Day) (Yeer) (Ho	FINDINGS OF OPERATION  ACE (Home, tarm, tectory, RY straet, office bldg., etc.)  While Not while at work at work		20. AUTOPSY? YES NO [ (County) (State)
ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY  II OTHER SIGNIFICA TO THE DEATH BB DISEASE OR CON 19a. DATE OF OPER  21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY W	EDIATE CAUSE  (A)  EDENT CAUSE(S)  DUE TO  DITIONS, IF ANY,  HE ABOVE CAUSE  ING CAUSE LAST.  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE  DITION CAUSING DEATH.  ATION  S UNDERLYING   21b. PL.  CAUSE OF DEATH  LEDICAL EXAMINER)  Y (Month) (Day) (Yeer) (Ho	FINDINGS OF OPERATION  ACE (Home, tarm, factory, RY straet, office bldg., etc.)  While Not while at work at work at work the deceased from.	211. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO [ (County) (State)
33/X IMM ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY!  11 OTHER SIGNIFICA TO THE DEATH BI DISEASE OR CON 19a. DATE OF OPER  21a. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY M 21d. TIME OF INJUR  22. 1 hereby alive on	EDIATE CAUSE  (A)  EDENT CAUSE(S)  DUE TO  DITIONS, IF ANY,  HE ABOVE CAUSE  ING CAUSE LAST.  (C)  INT CONDITIONS CONTRIBUTING  JT NOT RELATED TO THE  DITION CAUSING DEATH.  ATION  S UNDERLYING   21b. PL.  CAUSE OF DEATH  LEDICAL EXAMINER)  Y (Month) (Day) (Yeer) (Ho	FINDINGS OF OPERATION  ACE (Home, tarm, factory, RY straet, office bldg., etc.)  While Not while at work at work at work the deceased from.	211. HOW DID INJURY OCCUR?  195.4., to 15.5.5.0., 195.6., t	20. AUTOPSY? YES NO [ (County) (State)

ST 300 MY 143-WY 143H GO WESHINA SEG SEATE CHALFSIAIN

CERTIFICATE OF DEATH

PARTICIPATION OF THE STATE OF T

BUREAU V. S.

FEB 17 1956



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01329

# 1327 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH	4	2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY Chame Crimble	MARYLAND	STATE MD	COUNTY Amus	. Amuell
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orata limits, write RURAL and give ne	
OR and give neerest town) TOWN ( Convey to let	(in this place)	OR TOWN CERT	upolis	100
HOSPITAL OR	1070.	STREET	(If rural give location)	////
INSTITUTION OR Curve accusely	l Housel	ADDRESS Sen	son (ut.	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) FREDERICK	HERMAN ME	SENCH .	DEATH FEB.	20 1956
	E, MARRIED, 8. DATE C			R 1 YEAR   IF UNDER 24 HRS
Male White (Speci	OWED, DIVORCED, DEC.	11,1890	65 yes. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, eyen if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		2. CITIZEN OF WHAT COUNTRY?
retired) MECHANIC	2	NEW JE	ERSE'Y	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
FREDERICK HERM	AN MEENCH	Lydia Reed		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service	(6)	DAUGHTER	- KATHLEEN-	SAME
	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	10		ONSET AND DEATH
24/X IMMEDIATE CAUSE (A) _	Brenchial as	Huna		16 bles.
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Ratnal pulm	ening Tube	neuloris	10 yes.
	INDINGS OF OPERATION	/		20. AUTOPSY?
				YES NO
210. ACCIDENT WAS UNDERLYING 21b. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, ferm, fectory, Y street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town) (Cou	nty) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hor	ur) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCU	JR?	
N. Tarabasan and A. Tar	A. et work at work			
22. I hereby certify that I attended th	e deceased from Decen	USA19 535 to 7	6 20 19 56 that 1	last saw the deceased
alive on 756-19, 1956		A [113]		
SIGNATURE	, and mar down occurred a	ADE	RESS (Street, city, town, state)	DATE SIGNED
I May to 1 Bd smein	M.D. 90	Cufferdial	St. anwind	i wa.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, lown, or count	
REMOVAL (SPECIFY) Burial 2-23-	Columbus Co	ameterv	Columbus, N.J.	
24. REC'D BY REGISTRAR   REGISTRAR'S SI		25. FUNERAL DIRECTOR'S		ADDRESS
DATE 2-21-56	The same	- 4 5	TANN API	OT.TS MD
DATE	1 Union	TIOT I THO TOWAL	The state of the s	J120, 110.

MARYLAND STATE DEPARTMENT OF MELLYMARALEM SILES

ETASO TO STADE TRED TO CO.

Reg Du. Ma. 21



c

Glen BURNIE, Mil

H	CERTIFICAT	E OF DEATH Reg. Dist. No.
N 3	1. NAME OF DECEASED	2. DATE
100 3	(Type or Print) ALEXANDER	NERO DEATH 2-23-56
	The state of the s	On   4. USUAL RESIDENCE (Where deceased lived, If institution: residence
	A. Baltimore City, Maryland on P.R.R.	A. STATE B. COUNTY before admission
Link	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR Conne accorded County local	ion) c. CITY OR TOWN (If outside corporate limits, write RURAL and gi
		Trenton
M H		rs. D. STREET ADDRESS (If rural, give location)
BALL	TO THE PARTY OF TH	on II
	c. Length of stay in Baltimore	1150 Deutz Avenue
4 %	WHOOWED, DIVORCED (Sp	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 1 Y
USE	Male White Single	2/4/32 22(23)
	10A. USUAL OCCUPATION (Give kind of work done during migst of working life, even if retired)  10B. KIND OF BUSINESS OF INDUS	
NoT Libe	S. Tudent	TRENTON N.J. WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
K-DO write	Alexanon Nees	SICHIK
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
G. G. See	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT ADDRESS DE VIZ AV
CORD.	No	Alexander Nero, TRANTON, N. J
67 7	1 10	SE OF DEATH
RMANENT RI OR BLUE-BL Physicians:	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
EN	(This does not mean the mode of dying, e.g., (A)	xtensive traumatic injuries of
AN B	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	chest with crushing injury of
P. P	injury or complication which caused death.) Killing	chest
PE CIK	ANTECEDENT CAUSES	
HIS IS A PENT BLAC	Z DISEASES OR CONDITIONS, IF ANY, GIVING	vulsion of right arm
SI I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO MUNDERLYING CONDITION LAST.	ultiple fractures involving the
FINE	(C)	femur, left ulna and humerus.
FZ	II Dae co	Pain derailed: 2-20-00 0.86 F.M.
T PERMAN Carefully	OTHER SIGNIFICANT CONDITIONS CON-	ocurred 3 miles north of Odenton Sta. on P.B.
PE III	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	I I OFERATION WAS RELATED TO 1 19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION   20, AUTOPSY?
With the control of t	CAUSE OF DEATH, ENTER IN	WAS PERFORMED Partial YES X NO [
2 4	2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	
OR	2-23-56 5:26 Pm. WHILE AT NOT	WHILE Trin drailed
SE TYPE, OR information		d above, held an Autopsy
TY	found that death resulted from: Natural causes	Accident , Suicide , Homicide , Undetermined
SE ii	manner \( \tau_{\text{.}} \)	ary careta , nomente , ondetermined
PLEASE m of in	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER   23c. DATE SIGNED
P.L.	11/11/11/11/NordX	ASSISTANT MEDICAL EXAMINER
PI item	24A. BURIAL. (Spenia) 24B. DATE 24C. NAME OF CEM	M.D.   MEDICAL INVESTIGATOR
	TION REMOVAL (Specify) 2/20/4/ ST Manual	(-1110)
Every	DATE RECEIVED BY REGISTBAR'S SIMATURE	
(三)	LOCAL DECISTRAD	25. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.

BEST I AAM

DECENAED

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1.0 CM	CERTIFICATE	OF DEATH

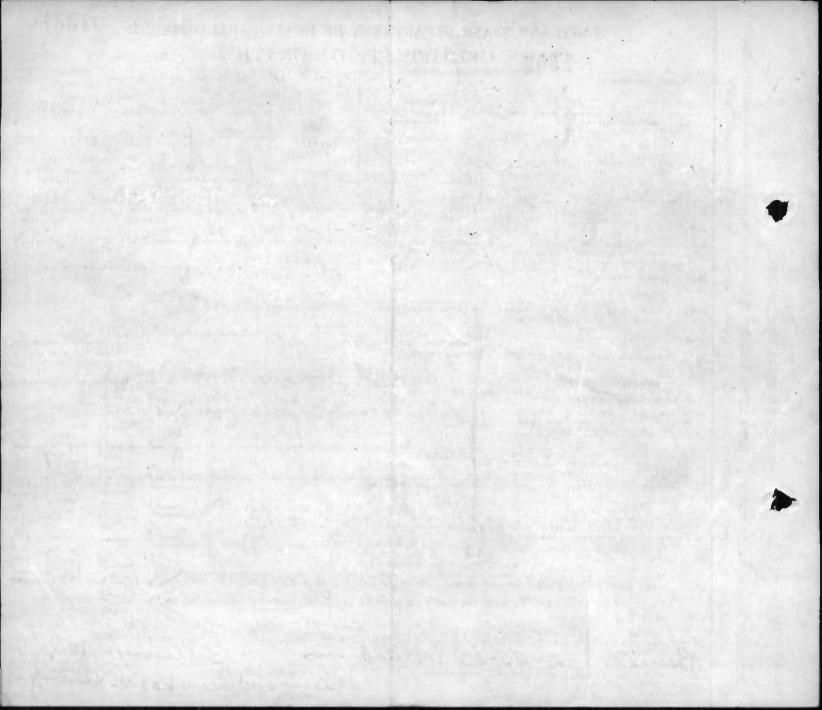
			and the	-
eg.	Dist.	No.		

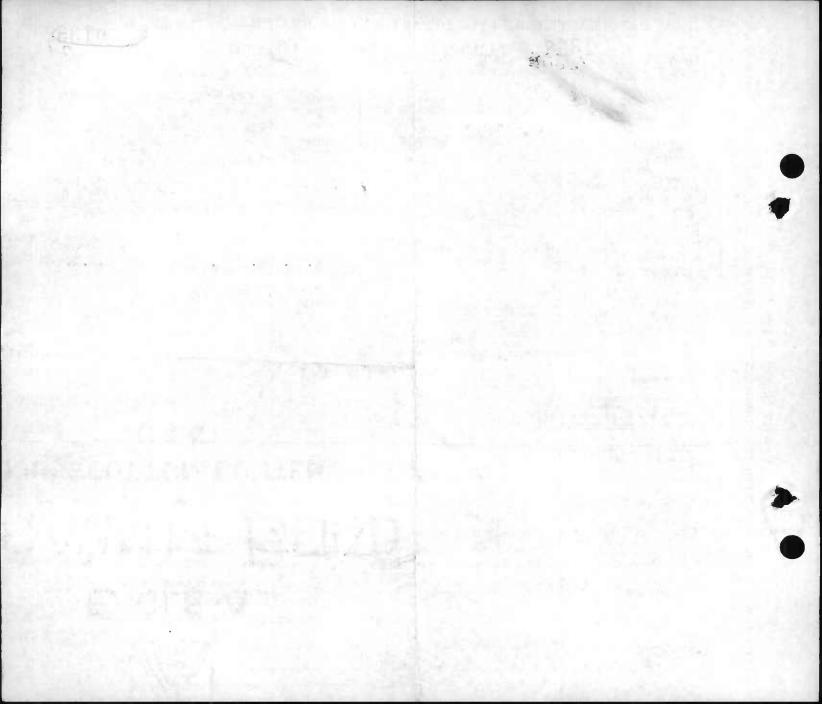
1367 CERTIFICATE	GOF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
county Arrundle MARYLAND	STATE Md. COUNTY ATTH	ndle
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIIf outside corporate limits, write RURAL at	d give nearest town)
X TOWN Severn Md. 5 Yrs.	TOWN Severn Ma.	X
HOSPITAL OR	STREET (If rural give location) ADDRESS	
STREET ADDRESS Ronta-2-Box-54 A.	Route-2-Box-54 A.	
DECEASED:	OF	ny) (Year)
(Type or Print) RAV. John Oglesby	OF BIRTH: 9. AGE iast birthday IF UNDER 1 Y	1956
RACE: WIDOWED, DIVORCED,	27-1999 56 yrs. Months D	Hours Min.
10A ISUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
Camediretinisher Gen. Building	Carlie S.C. U	Sala
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Oglesby	Mertha Oglesby	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	
(Yes. no. or unk.) (If Yes, give war or dates of service)	Bessie Oglesby Seme	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
14 IMMEDIATE CAUSE (A) Coronaus	Carleman alenote Cardio Vasanda Liseiro	
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) Quiterior	alastre Cardio - Vascula Desciro	4410
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
0 none none		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D   21F. HOW DID INJURY OCCUR?	
111.		
22. Hereby certify that I attended the deceased from Por	78, 195 to fee 20, 195 2 that I last	saw the deceased
ave on Feb 20, 1956, and that death occurred at	M, from the causes and on the date	stated above.
SIGNATURE ()	ADDRESS MA DAT	E SIGNED
S. (Kodaruk Amoley N	4. D. 721 Medical Cirp Bling	Ballmar
23. (RIAL, CREMATION.) DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION City town, or	county) (State)
DAI REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS A J
Petman 25-1956 P.W.	they o. Wilson 60   W.	Marray (

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The A15-VS.

FOR BINDING

MARGIN RESERVED





TO ATTENDING PHYSICIAM OR HOSPITAL: The law requires that the death certificate at executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1324 CERTIFICATE OF DEATH

01333

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (1), A. CO. MARYLAND	STATE MIL COUNTY Q Q CF.
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate fimils, write RURAL and give nearest town)
OR and give rearest town) (in this place)	OR TOWN
HOSPITAL OR	whatous
INSTITUTION OR ONLY	STREET (Il guraf give location) ADDRESS
STREET ADDRESS 321 Tarole St	32 Varole de
S. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) Ouchard	hill: 60 DEATH 2 6 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MODE WIDOWED, DIVORCED,	-4-/1899 57 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION, (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of dearling life aven if OR INDUSTRY	SOUNTRY?
retired) Laborer	Maryland "USA
3. TATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michard Phillips	Mary Louise Trail
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY N	IO. 17. INFORMANY & ADDRESS
(Yar, no or unk.) (If Yas, give wer or deles of service)	491 En Al. M. 35 Fare St Com 2
18. MEDICAL	CERTIFICATION   INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
332 MMEDIATE CAUSE (A) COLOMA	- montosis 3 days
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	보이라 선생 맛이 아이는데 보세요 그 때문에 다 가 먹니다.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Z
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. Whila Not whila at work at work	
22 I haveby cartify that I attended the deceased from 2->	10 10 10 Park 1 last cours the decount
	, 19, , to , to , 19 , that I last saw the deceased
alive on, 19, and that death occurr	ed at
IN MA	ADDRESS (Street, city, town, stete)  DATE SIGNED
M.D	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial SETTA For	wher Best Tate, mx.
24. REC'D BY REGISTRAR REGISTRAR'S SMATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2-15-1956 111 March	Willia Para To Marian 1 ma
DATE 2 13 1/36 111	La Com Coo + Commence 1110

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# THY ASIG TO STACKE OF DEATH

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A series to the series of the

BUREAU V. S.

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BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01334

#### 1325 CERTIFICATE OF DEATH

	Reg. Dist. No. 2/
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ARIMONE ( MARYLAND	STATE MARYLANDCOUNTY APUNGE
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (II outsida corporate limits, write RURAL end give nearest town)
OR end give nearest town)  TOWN  OR  (in this place)  DOI/5	TOWN Severn
HOSPITAL OR INSTITUTION OR AUDEARWOLL GEN HOSO	STREET (If rural give location) ADDRESS DELLMONT SELEKY
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) EMMA	CINCE DEATH FEB 15 1956
5. SEX 6. COLOR OR 7. SINGLE MARRIED, WIDOWED DIVORCED, Specify	Months Days Hours Min.
Chile	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, avan if retired) Level WIFE ON NEW P	115A COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Reese	annie:
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 209 Sycamore Att.
(Yes, no, or unk.) (If Yes, give war or detes of service)	Mrs. 14. 0. Grobam Lynthiam Holts. M.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) CEKEBRO - WISCUE	AR ACCIDENT 61/2
ANTECEMENT CANSERS DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) ARTERIO - SLER	OSIS
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	SE FRATURED LUMBAR SERVE
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSYZ YES NO
OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 1	21. HOW DID INJURY OCCUR?
56 FEB 4 M. While of work of the st	HELL AT HOME
	19.56, to 15 EB 19.56 that I last saw the deceased
alive on	ADDRESS (Sheet, city, town, state) DATE SIGNED
11) Thomas en la co	76 Cathedral Stamarks 2-15-86
23. BURIAL, CREMATION, COATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stata)
Burial feb-18:19:6 Lolidon O-	ark Balto- 14d-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS

# 

We proceed the source BRUSHEE Ameliance Gen Hisp JennessT PRINCE Estime White USA HOUSE COTTE lette. CERCIAL LISTER ACCIDENT EKTERIO- CLUENCEIS Continued Harry Beeres FARTHER HERR Shi

THER ST. ISS.

SECENAL V. S.

SECOND V. S.

SEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

Z

DATE

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURA

hulson

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1369 CERTIFICATE OF DEATH

01336

ADDRESS

1009 CERTIFICATE	Reg. Dist. No	. 25
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY LANE Grundel MARYLAND	STATE PARC COUNTY CL. CO	
CITY (If outside corporate limits, write RURAL OR and give necessary (in this place)	CITY (if outside corporata limits, write RURAL end give nearest tow OR TOWN	vn}
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3428 WASE MITS DUE	STREET ADDRESS 5428 (If rurel give location)	17 DE
3. NAME OF (First) (Middle)  DECEASED (Typa or Print) Clarence Rh	(Last) 4. DATE (Month) (Doy) OF DEATH Feb. 5.	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) 8. DATE O	9. AGE lest bighday IF UNDER 1 YEAR  Months Days	
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if relired)		IZEN OF WHAT UNTRY?
13. FATHER'S-NAME	14. MOTHER'S MAIDEN NAME	
1		3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or lunk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS # ADDRESS	13125
diseases or conditions directly leading to death  16. MEDICAL CER  16. MEDICAL CER  Cancer	of lung	ITERVAL BETWEEN
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY? ES NO
21b. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bidg., atc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased fromApril	, 19.53, to February, 19.56, that I last s	saw the deceased
alive on Feb. 5 , 19.56 , and that death occurred at		ove.
SIGNATURE SELLINE FELLEN M.D.	Address (Street, city, town, state) 3904 S. Hanover St. Zone25	DATE SIGNED
23. BURIAL, CREMATION, REMOVAE (SPECIFY)  DATE TYPESOF  NAME OF CEMETERY OR		(State)

25.) FUNERAL DIRECTOR'S SIGNATURE

ALTEROMITARE OF HEAVING BEALTH OF HEALTH OF HE

# THE CERTIFICATE OF DEATH

SECTION OF SECTION SEC

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MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

01337 Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICIE BRITAIN CE		140
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Art	undel
CITY (If outside corporate limits, write RURAL LENGTH OF STATOR and give nearest town)	Y CITY (If outside corporate limits write RURAL and	give nearest town)
X TOWNP. O. Glen Burnie Few minutes.	TOWN P.O.Glen Burnie	X
HOSPITAL OR INSTITUTION OR In Stoney Creek off View Point STREET ADDRESS Shore.	STREET (If rural, give location) ADDRESS Bright Water Beach	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print)  Ralph William Robonson	OF DEATH February 1	4th 19 56
Male White Widowed, Divorced (Specify): Married 1/9	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YING Months Da	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, INDUSTRY: even if retired): Electrician (Merchant Marine.)	OR   11. BIRTHPLACE (State or foreign country):   12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Robinson	Martha Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
11 (11 service) 1140 5/12 236-20-5317	Mrs. Mary Robinson (Wife)	
I8. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN
0.000		ONSET AND DEATH
Immediate cause (a) Accidental Drawnon	lg	Sudden
DUE TO		
Antecedent cause(s)  Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No K
21a. EXTERNAL CAUSE WAS PRIMARY F or CONTRIBUTING OF STORY OF STOR	R Off View Point Shore, A.A.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Nork I at work	211. HOW DID INJURY OCCUR? Drowning	
22. I hereby certify that I took charge of the remains descr	ribed above, held an Autopsy 🗆, Inspection 🛅,	Inquiry 💆, an
find that death resulted from: Natural causes , Acc		mined cause
SIGNATURE Starl Ataelbert	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2 20 SEGNED
REMOVAL (Specify): Feb. 2/156 Balto. 7		inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL PIRECTOR	Bung
pu s	AH.	

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BUREAU V. S.

was and the state of the state of

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

1. PLACE OF DEATH

#### CERTIFICATE OF DEATH 1371

Reg. Dist. No.

1 2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY 4/20 20 7 10 10 10 10 MARYLAND	STATE MATERIAND COUNTY Among flows & 11
CITY (If ourside corporate limits, write RURAL OR and give neerest town) TOWN	CITY (If outside corporate limits, write RURAL and give needed town) OR TOWN  ALIENSE (IF (FF))
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crain Highway	ADDRESS (Pain Hawy)
3. NAME OF (First) (Middle) (Type or Print)  (Type or Print)  (First)  (Middle)  (Myddle)	blue to DATE (Month) (Day) (Yeer)  blue to DEATH fob 15 1956
S. SEX  6. COLOR OR  RACE,  WIDOWED, DIVORCED,  (Specify) (Specify	28,1859 96 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, eyen if retired) Heave edge (Code Code Code Code Code Code Code Code	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  4-8-60-1 /44+/4-1 4-5-4-
Jaseph Stewart	Sarah Ann Stowart
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS 1405-1Not Primphysy, Millens Willroy
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CER  19. MED	INTERVAL BETWEEN ONSET AND DEATH SCULET DISCUSE SYTS.
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
DISTAGE OR CONTINUE CROSSING DEPARTS.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION IT TO PECTED ATTENTION	
198. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  218. ACCIDENT WAS UNDERLYING   216. PLACE (Home, farm, fectory, OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO P
19s. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   Not while at work   st work   22s. I hereby certify that I attended the deceased from   19s.   19	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR? , 19 5 5, to
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. at work at work  22. 1 hereby certify that 1 attended the deceased from 19 at work  alive on 19 at work 19 at work a	YES NO PARTIES.  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR? , 19

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1327CERTIFICATE OF DEATH

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Item 3, FilmG193 3-7-56 et		The State of the S	Re	g. Dist. No	0.64
1. PLACE OF DEATH		2. USUAL RESIDENCE			
COUNTY Anne Arundel	MARYLAND	STATE Marylar	COUNTY	AA	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpora		nd give neerest to	wn)
10 TOWN Annapolis	(iii tilio proco)	town Anna	polis		10
HOSPITAL OR	•	STREET ADDRESS ON HOW	(If rural giv	a location)	,
57 INSTITUTION OR USNH, Annapolis, Md		520 Horr	n Point		
3. NAME OF (First) Last	(Middle)	(Lead) first	4. DATE (Mon		
(Type or Print) SATTMARY,	(n)	CECILLA	DEATH Fe	bruary ?	27 1956
5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	VORCED		AGE last birthday	IF UNDER 1 YEA	
F Cau (Specify) M	7-22	2-82	72 yrs.	Months Day	s Hours Mir
	ND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)		TIZEN OF WHAT
done during most of working life, even if retired) Housewife	-	Denmark		-	US US
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Jens Christain Lykke		Kirsten Gra	indslow		
	S. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (II Yes, giva wer or dates of service)	OLE ALES	USNH Recor	rds		
	18. MEDICAL CEI	RTIFICATION			NTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Infarct, Cere	hma7 #232		1.00	ONSET AND DEATH
IMMEDIATE CAUSE (A)	Intarco, cere	DIAT WOOK		2	Days
ANTECEDENT CAUSE(S) DUE TO	Cerebral Arte	riosclerosis			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO					
STATING UNDERLYING CAUSE LAST. DUE TO	Hypertensive	Cardiovascular	Disease		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Hom	e, farm, fectory,	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., atc.)		Will the same		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whi	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
	ork at work				
22. I hereby certify that I attended the dece	ased from 25 Febr	uary 56 to 27 F	ebruary 56	that I last	saw the decease
alive on 27 February 56 and	that death occurred a	3:50a M, from the car	uses and on the d	ate stated ab	ove.
FIGNATURE /		ADDRI	ESS (Straet, city, town	, state)	DATE SIGNE
MOXON CDR MC USN	м. р. U.	S.Nayal Hospita	l, Annapoli	s, Md. 2	7 Feb.195
BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown		/ (Stele)
Burial months	Mational	Lemit	Lomak	solis	Meck
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S SI	GNAJURE ()	ADDR	ESS D.
DATE Feb. 29,1956	Anucl	Joen 11. Jan	yeur dons l	Amos	porce

MARYTARIN STATE OF ARTHOUT OF HEALTH-PLANTED BY ATT. COMMITTEELS

# HILAND RO STADISTRESS OF DEATH.

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THE REPORT OF THE PARTY OF THE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01340

#### CERTIFICATE OF DEATH 1372

Reg. Dist. No.

COUNTY Anne Arundel  MARYLAND  STATE Maryland  COUNTY Prince George's  CITY (if eutide compare limit, write TURAL and give nearest town)  TOWN COVENSY LILE  HOSPITAL OR  FORWARD OF COVENSY LILE  HOSPITAL OR  FORWARD OF COVENSY LILE  HOSPITAL OR  FORWARD OF COVENSY LILE  HOSPITAL OR  FORWARD OR  FORWARD OF COVENSY LILE  HOSPITAL OR  FORWARD OF COVENSY LILE  STREET  (If rural give location)  JOHN  SAVOY  DATE (Month)  DAY  FORWARD OF COVENSY LILE  SAVOY  DATE (Month)  DATE (Month)  DATE (Month)  DATE (Month)  DATE (MONTH)  SAVOY  DATE (Month)  DATE (MONTH)  SAVOY  DATE (MONTH)  SAVOY  DATE (MONTH)  SAVOY  DATE (FUNDER) THAN IT GUNDER 2 LILE  FORWARD OF COVENSY LILE  MONTH OF BRITH  SAVO COVENSY LILE  FORWARD OF COVENSY LILE  FORWARD OF COVENSY LILE  MONTH OF BRITH  NOT LISTED  ANTICENSY COVENSY LILE  MARYLAND  II. BINTHPLACE (State or forwage country)  MARYLAND  II. BINTHPLACE (State or forwage country)  III. MONTHE'S MANDEN NAME  NOT LISTED  III. BINTHPLACE (State or forwage country)  III. MONTHE'S MANDEN NAME  NOT LISTED  AND III. BINTHPLACE (State or forwage country)  III. MONTHE'S MANDEN NAME  NOT LISTED  III. MONTHE'S MAND	1. PLACE OF	DEATH				2. USUAL	RESIDENC	E (HOME) OF D	ECEASE	D	
CITY (If outside corporate lights, write RURAL OR pyrs, 9mos, 21 days own Upper Marlbore  (In this place) (In	COUNTY	nne Arunde	1	MARYL	AND	STATE 1	Marylan	d COUNTY	Princ	ce Ged	orge's
STREET ADDRESS   (IF rural give location)	CITY (If outsi OR and giv	de corporete limits, wri	to RURAL	(in this p	lece)	OR		le limits, write RURAL e			
None   Isted   Is		TOWITATTTE	,	7,913.	711108 • 2.11		opper			16	X-2
DECEASE (Types or Pint)  SAVOY  DEATH  2 23 1956  S. SEX  6. COLOR OR  RACE  Male  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  Single  Not given  Not given  Savoy  DEATH  9. AGE lest birthday  Menths  Days  Menths Days	INSTITUTION C	crownsvi	lle Sta	te Hospita	al	ADDRESS	None		ve location,		V
S. SEX G. COLOR OF PACE OF SHORT SHORT OF SHORT SEASON SEATH 2 23 1556  Male Rose Negro 7. SHOLE MARRIED Not given 9. AGE lest birthday 15 UNDER 1 YEAR IF UNDER 24 HER SHORT OF SHORT SHORT OF SHORT SHORT OF SHO				(Middla)		(Last)			nth)	(Dey)	(Year)
S. SEX   G. COLOR OR RACE   7. SINGLE MARKED,   8. DATE OF BIRTH   9. AGE lest birthday   1. BUNDER 24 KB   1. BUNDER		John				Savoy			2	23	1056
Male Negro (specify) Single Not given 53? yrs. Membr 1925 Hours Min.  10s. USUAL OCCUPATION (Give kind of work dead admining management of the control of th	S. SEX		7. SINGLE,	MARRIED,	8. DATE O	F BIRTH	9.	AGE lest birthday	IF UNDE	R 1 YEAR	.,,,
Interior   Farming   Maryland   U.S.		Negro	(Spacify)	Single					Months	Deys	Hours Min.
Interior   Farming   Maryland   U.S.	10a. USUAL OCCUP	ATION (Give kind of	work 10		S	11. BIRTHPLACE (	State or foreign	country)	1		
Not listed  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yax, no, or unk.) (If Yex, give wer or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS HOSPITAL RECORDS  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  16. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS HOSPITAL RECORDS  1 IMMEDIATE CAUSE (A) Kachexia  ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Myocardial degeneration GIVING RISE TO THE ABOVE CAUSE (C) Arteriosclerosis  1 I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ADDRESS HOSPITAL RECORDS HOSPITAL RECORD HOSPITAL RECORDS HOSPITAL RECORD	retired)	Farmer			g	Mary:	land			U. S	• IKT?
17. INFORMANT & ADDRESS   (Yas, no, or unk.)   (If Yas, give wer or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   Hospital Records   17. INFORMATION & ADDRESS   Hospital Records   17. INFORMATION & ADDRESS   Hospital R	13. FATHER'S NAM	VE.				14. MOTHER	'S MAIDEN NA	ME	1	-312	
17. INFORMANT & ADDRESS   (Yas, no, or unk.)   (If Yas, give wer or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   Hospital Records   17. INFORMATION & ADDRESS   Hospital Records   17. INFORMATION & ADDRESS   Hospital R	Not li	sted				Not	listed				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TO THE BOOVE CAUSE TO THE BOOVE CAUSE TO THE BOOVE CAUSE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, form, fectory, OF INJURY Street, office bidg., aic.) 10 THE FOR INJURY (Month) (Day) (Year) (Hour) M. et work et work  21d. Time OF INJURY (Month) (Day) (Year) (Hour) M. et work  22. I hereby certify that I attended the deceased from 15 Month et work  ADDRESS (Street, city, town, steles)  DATE SIGNED  22. BURIAL, CHAMANON. DATE THEREOF NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or country)  LOCATION (City, town, or country)  LOCATION (City, town, or country)  Challed  ADDRESS (Street, city, town, steles)  DATE SIGNED  22. BURIAL, CHAMANON.  DATE THEREOF NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or country)	15. WAS DECEASE	D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SEC	URITY NO.						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    A	(Yas, no, or unk.)	(If Yes, give wer or d	ates of service)			Hos	Smitel	Records			
IMMEDIATE CAUSE  ANTECDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Ment al Deficiency with Psychosis  Life  20. AUTOPSY? YES NO OF INJURY street, office bidg., atc.)  21e. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  22. AUTOPSY? YES NO OF INJURY street, office bidg., atc.)  22. I hereby certify that I attended the deceased from 1.5 Not while at work alive on 2.23 19 56 , and that death occurred at 3:250 M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stela)  DATE THEREOF NAME OF CEMETERY OR CREMATORY  DATE THEREOF NAME OF CEMETERY OR CREMATORY  DATE THEREOF NAME OF CEMETERY OR CREMATORY  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  CYCATION (City, town, or county)  (State)  ONSET AND DEATH ON	1			IA. MEI	DICAL CER		- Progr	1000103		LINITE	PVAL BETWEEN
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  LITO  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  191. MAJOR FINDINGS OF OPERATION  192. MAJOR FINDINGS OF OPERATION  193. MAJOR FINDINGS OF OPERATION  194. MAJOR FINDINGS OF OPERATION  195. MAJOR FINDINGS OF OPERATION  196. MAJOR FINDINGS OF OPERATION  197. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  198. MAJOR FINDINGS OF OPERATION  199. MAJOR FINDINGS OF OPERATION  200. AUTOPSY?  YES NO  210. AUTOPSY?  YES NO  211. HOW DID INJURY OCCUR?  (Cily or town)  (County)  (State)  212. I HOW DID INJURY OCCUR?  Malive On	I DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO D	EATH							
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GROUND RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  IP. DATE OF OPERATION  IP. MAJOR FINDINGS OF OPERATION  IP. MAJOR FININGS OF OPERATION  IP. MAJOR FINDINGS OF OPERATION  IP. MAJOR FININGS OF OPERATION  IP. MAJOR FINDINGS OF OPERATION  IP. MAJOR FININGS OF OPERATION  IP. MAJOR FININGS OF OPERATION  IP. MAJOR FI	422.1 IMM	EDIATE CAUSE	(A) Ka	chexia							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Mental Deficiency with Psychosis  Infe  20. Autopsy? YES NO  OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., atc.)  Infe  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mile Mile Mile Mile Mile Mile Mile Mile			DUE TO								
CC   ATTOPIOSCIEFOSIS   11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   Ment all Deficiency with Psychosis   Life     19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   YES   NO       21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)   21c. WHERE DID INJURY OCCUR? (City or town)   (County)   (State)     21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURED   While   Not while   et work   et work   21f. HOW DID INJURY OCCUR?     22. I hereby certify that I attended the deceased from   1/5   19.55   10.   2/23, 1956   10.   that I last saw the deceased alive on   2/23   1956	DISEASES OR COM	ADITIONS IF ANY	(B) N	yocardial	degener	ration					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or town)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21e. Injury OCCURED While et work  21f. HOW DID INJURY OCCUR?  (State)  22 If. HOW DID INJURY OCCUR?  (Street, city, town, stela)  DATE SIGNATURE  N. D.  CTOWNSVILLe, Md.  2/23/56  DATE SIGNED  (State)	STATING UNDERLY	ING CAUSE LAST.	DUE TO								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Mental Deficiency with Psychosis  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N	THE OTHER SIGNIFIC	ANT CONDITIONS CO	1-7	TrelloscTe	erosis						
196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO NO YES NO NO  216. ACCIDENT WAS UNDERLYING 216. PLACE (Homa, ferm, fectory, OF INJURY street, office bidg., atc.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW DID INJURY OCCUR? (City or town)  (County)  (State)  (State)  217. HOW DID INJURY OCCUR?  While of work 1 last saw the deceased alive on 2/23, 19	TO THE DEATH B	UT NOT RELATED TO	THE								
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, Ierm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While et work   et			ATH.	Mental De	Cicienc	y with P	sychosi	8			
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	198. DATE OF OPER	- ISI	, MAJOK FINL	INGS OF OPERATION							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While et work 21f. HOW DID INJURY OCCUR?  While et work 1 set work 22f. How DID INJURY OCCUR?  While et work 2 set work 22f. How DID INJURY OCCUR?  While et work 2 set work	OR CONTRIBUTING	CAUSE OF DEATH	21b. PLACE OF INJURY s	treet, office bldg., atc	y, 2	1c. WHERE DID IN	JURY OCCUR?	(City or town)	(Cou		tund Late
22. I hereby certify that I attended the deceased from 1/5 19.55, to 2/23, 19.56, that I last saw the deceased alive on 2/23, 19.56, and that death occurred at 3:252. M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stella)  DATE SIGNED  2/23/56  BURIAL, (REMARKON)  DATE THEREOF NAME OF CEMETERY OF CREMATORY  CYCLOTTOM (City, town, or county)  (Stata)				21e. INJURY OCCL		21f. HOW DID IN.	JURY OCCUR?				
alive on 2/23, 1956, and that death occurred at 3:252. M, from the causes and on the date stated above.  ADDRESS (Street, city, town, steta)  DATE SIGNED  Crownsville, Md. 2/23/56  BURIAL, OKEMATION, SPECIFY)  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  COCATION (City, town, or county)  (State)	22. I hazaby	cortify that I a				10 55	to	2/22 10 56	, line	I last a	. 45 - 2
ADDRESS (Street, city, town, steta)  DATE SIGNED  Crownsville, Md. 2/23/56  23. BURIAL, CREMATION, SPECIFY)  DATE THEREOF NAME OF CREMATORY  CR											
23. BURIAL, (REMARKON)  BAND M.D.  Crownsville, Md. 2/23/56  PART   Crownsville, Md. 2/23/56  Cr	/ SIGNATUR	RE O	790	and mar death	occurred at	9:4.9a., M, f	rom the cau	ises and on the	date stat		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  Crown, or county)  (State)	HO 2000	24 d/d/0	22/1	Oim						2	/22/EL
726/56 D. Simon Crame Med	23. BURIAL, CREM	ATION I DA	TE THEREOF	I NAME OF		CREMATORY	OLOM	LOCATION (City tow	n, or count	2/	2)/ )0
24. REC'D BY REGISTRAR REGISTRARY SIGNATURE 25. FURENAL DIRECTOR'S SIGNATURE ADDRESS  DATE F. B. 28 1956 20. M. Jayces 100 Milling Juneal Home	DEMOVAL (SPI	ECIFY)	121/5	7 8+	1	-	1	10.	, 01 100111	5	1) (31018)
ONTEE B 28 1956 26. M. Jayces Ithlin Furnal Home	24 REC'D BY PECI	STRAR I DEC	ISTRAPI SIGNI	ATURE O	ou	1 25 FUNERAL	DIDECTORIS	CNATURE	1	1 Stel	-
DATE E. D / 8 1956 dv. 11. gayces 1 William of wheat Home	EEDO	O	of In			23. 77	RECTOR'S SI	PNATUKE	11	ADDRESS	
4370 Kg 1 Pd. W.S	DATE	8 1050 0	10. 114	· Jayces		1 uc	Mes of	urunal	THON	un	
		.000		00				4370	de	y P4	. W E

BY SEDARGIAN-HYDAN TO THIMTHAND STATE CHASTRAM HTANG 90 AFADRITES place on some Same one or croals at moult will walk a word, and of bathering and mainterement Indiguests REAU V. S. and the second s per strate : " - brought from the but a de to the - Ex S

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# The law requires that the death certificate INSTRUCTIONS ATTENDING PHYSICIAIS TR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1328 CERTIFICATE OF DEATH

01342

Reg. Dist. No. 21

2				Keg. L	/13ti 1to
Z,	1. PLACE OF DEATH		2. USUAL RESIDENCE		SED
	COUNTY Anne Arundel	MARYLAND	STATE Maryla		
d	CITY (If outside corporete limits, write RURAL OR end give necrest town)	(in this place)	OR	te limits, write RURAL and give	nearest town)
	10 TOWN Severn Md	8 mo.	TOWN Severn,		- /
	HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospit	cal, Annapolis, Md.	ADDRESS New Cut Roa	(If rural give local d, Severn, Md.	ion)
	3. NAME OF (First) DECEASED (Type or Print) Frank	(Middle) (N) SHAME	(Lost) BURGER	4. DATE (Month) OF DEATH Februa	(Dey) (Yeer) ary 10 19 56
	5. SEX 6. COLOR OR 7. SINGLE, M WIDOWEL (Specify)	D, DIVORCED,			DER 1 YEAR   IF UNDER 24 HRS
1	10e. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if retired) U.S. Na.Vy		11. BIRTHPLACE (Steta or foreign		12. CITIZEN OF WHAT
	John Wesley SHAMBURGER		Hattie Barl		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unik.) 1 (If Yes, give war or dates of service)  Ve S 1917-36:1941-45	16. SOCIAL SECURITY NO. 212 05 9802	U.S.Naval	DRESS Hospital, Reco	ords
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE		TIFICATION 795		INTERVAL BETWEEN ONSET AND DEATH Terminal
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	SUPPURATION, L	UNG, CHRONIC #5	521	8 mo.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	SILICOSIS, SIL	ICOTIC OCCUPATI	IONAL # 523	8 mo.
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
2		NGS OF OPERATION			20. AUTOPSY? YES X NO
	216, ACCIDENT WAS UNDERLYING 216, PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY str. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, fectory, 2' reat, office bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21a. INJURY OCCURRED Whila Not whila at work et work	rif. HOW DID INJURY OCCUR?		
Wal Co	22. I hereby certify that I attended the control of	and that death occurred at.	4:45P.M, from the car	uses and on the date s	tated above.  DATE SIGNED
70	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or co	
200	Burial  24. REC'D BY REGISTRAR  REGISTRAR REGISTRAR'S SIGNA	56 Glen Haven (	25. FUNERAL DIRECTOR'S SI	Glen Burnie,	ADDRESS
	DATE Feb.13,56	Tours	HOPPING FUNERA	L HOME ANNAP	OLIS, MD.

# HIASE TO STADISHESD TO

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	1,5			
			THE RESERVE	
523				

# BUREAU V. S.

**LEB** 1 8 1826



# ATTENDING PHYSICIAN: OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

2

INSTRUCTIONS

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01343

# 1329 CERTIFICATE OF DEATH

	Reg. Dist. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE M.D. COUNTY A.A.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (if outside corporate limits, write RURAL end give nearest town) OR
10 TOWN Annapolis. Tokalls	TOWN MAGOTHY BERCH,X
HOSPITAL OR Anne ArundeL	STREET (If rural give location)
STREET ADDRESS Gen. Hosp Annapol	s - severna lark
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) George Wosley St	1ectols DEATH Feb 24, 19957
5. SEX   6. COLOR OR   7. SINGLE MARRIED, . 8 DATE O	F BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, PHOREED, (Specify) Moreire 17 t	Feb 1882 7 Yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) FISherman Fishing	BALTO, MD u.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
essh	Eliza Fuslul
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give wer or dates of service)	ToMrs Sheckels Beacif,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
6/0 X IMMEDIATE CAUSE (A) OCICALAT	tory Collapse.
ANTECEDENT CAUSE(S) DUE TO STORE COME VE TO	17 A Blood
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE  TO THE ABOVE CAUSE	12 to lo really de
STATING UNDERLYING CAUSE LAST. DUE TO	cy of Postoperative
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (3) General	zed Arteriosclevosti
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
19 Febsa ENLarged Pre	STATE   YES   NO X
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farth, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) ,
	21f. HOW DID INJURY OCCUR?
M. While Not while at work at work	
22. I hereby certify that I attended the deceased from July	1955, to 24 Feb To 19 that I last saw the deceased
alive on 23 Fe b, 19 5 Co, and that death occurred at.	440 M, from the causes and on the date stated above.
SIGNATURE , /	ADDRESE (Street, city, town, state) DATE SIGNED
( to Hally , M.O. C	Severna Part. Me 24 Febri
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
Beneal Fab - 27/56 Cadad	Hell Brought nPFD md-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE

# CERTIFICATE OF DEATH

CONTRACTOR STREET

The same of the same of the

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. legibly 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY anne arun COUNTY Churco Os CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) information OR TOWN aren TOWN early HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS C (First) 3. NAME OF (Middle) (Last) (Month) DATE (Day) (Year) death DECEASED jo (Type or Print) DEATH: 6. COLOR OR 17. SINGLE. MARRIED. 8. PATE OF BIRTH: 9. AGE last birthday RACE: WIDOWED, DIVORCED Months Days Hours (Specify): every VPs. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS (State of foreign country): |12. CITIZEN OF WHAT work done during most of working life. INDUSTRY even if retired) Januto COUNTRY? Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 14. SOCIAL SECURITY NO. INFORMANT & ADDRESS WY (Yes, no, or unk.) (If Yes, give war or dates Z 217-05-1015 o(service) Se ea 18. MEDICAL CERTIFICATION 5 INTERVAL BETWEEN Z pl I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Physicians IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO Z 21A. ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while at work at work 3 OR 22. I hereby certify that I attended the deceased from 18 1950 Frof 3. 1956 that I last saw the deceased 国 ಥ alive on He . 1956, and that death occurred at Б m M, from the causes and on the date stated above. LY SIGNATURE ADDRESS DATE SIGNED M. D. 国 CREMATION, 23. BURIAL. S DATE THEREOF NAME OF CEMETERY/OR CREMATORY LOCATION City, town, or county) REMOVAL (SPECIFY) 4 田 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

A TATAL TE ASSESSMENT OF A STATE OF THE ASSESSMENT AND A STATE OF THE ASSESSMENT OF OF THE A THE REPORT OF THE PARTY OF The second second 

executed within 24 hours after death.

INSTRUCTIONS

The law requires that the death certificate ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. A15C 1-55 10M X

CERTIFICATE OF DEATH

1374	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Amandel MARYLAND	STATE Mai-yland county Anne Apunde
CITY (If outside corporete limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
X TOWN Pasedena 18. F.D. 8 vecies	TOWN Pasadena 1. F.D.
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)
STREET ADDRESS Mountain Toad	1 Tountain Trans
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ) ARAIH LOUISA )TA	9LLINGS   DEATH + 66.20, 1956
Female 6. COLOR OR RACE WIDOWED, DIVORCED, Specify Widow	F BIRTH  10-1870  9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Deys   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (ret) Own Homo	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. COUNTRY?  14. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John f. Ellison	Sorah E-Osborne
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mountain My
(Yes, no, or unk.) (If Yes, give wer or detes of service) None	William Stallings Pasadena PFD, 14
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BEI WEEN ONSET AND DEATH
450,0 IMMEDIATE CAUSE (A) acute pulmo	mary edema 1/2 hour
ANTECEDENT CAUSE(S) DUE TO 1 + 20 10 1	· Sur human
GIVING RISE TO THE ABOVE CAUSE	, cap unous
STATING UNDERLYING CAUSE LAST. DUE TO	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	lest tibia 2 months
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   21	Tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While While et work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from File 1.	13950 to Fell 20 19.56 that I last saw the deceased
7 7	13.30 P.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
R.M.MeZaughlin M.D.	Pasadena, Ma, Feb. 20, 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR ( REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
Butial teb. 23/56 Magothy Chu	irch lem Vagethy, A.A.Co, Mordent
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF MALIN-BALTMACO, 18

# CERTIFICATE OF DEATH

ACHIECOSTICA MO-

BULLAU WA

FEB 28 1095

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

# INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1330 CERTIFICATE OF DEATH

01346

Reg.	Dist.	No. 21
DECE	ASED	

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Anne Arundel MA	RYLAND	STATEMATVIA N	d county	Anne Arundel	
CITY (If outside corporata limits, writa RURAL   LENG	TH OF STAY	CITY (It outside cor	porate limits, write RURAL a		
OR and give naarast town (in TOWN Annapolis	this placa)	TOWN Anna p	olis, Md		10
HOSPITAL OR INSTITUTION OR Thronds of Change		STREET ADDRESS	(If rural gi	ve location)	1
STREET ADDRESS Franklin Street			laude Street	t	
3. NAME OF (First) (Middle) DECEASED		(Last)	4. DATE (Mor	nth) (Dey)	(Year)
(Type or Print) JOSEPH .ELMER	R TAI	YMAN		EBRUARY 10	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	8. DATE OF	BIRTH	9. AGE last birthday		NDER 24 HRS
Male White Specific dowed	July 2	20, 1891	64 yrs.	Months Days He	ours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if OR INDUSTR	SINESS 1	11. BIRTHPLACE (Stata or for	eign country)	12. CITIZEN OF COUNTRY?	WHAT
retired Retired Carpenter U.S. Gov		Annapolis.	Marvland	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN		, 00.	
Joseph Albert Tayman		Mary Sew	e17		
	L SECURITY NO.	17. INFORMANT &			
(Yes, no, or unk.) (If Yas, giva war or dates of servica)	003/	M M 2	D		11 0
212-10	MEDICAL CERT		vixon- vaugr	iter- same as	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CERT	and and	,	C ONSET AL	
410 x IMMEDIATE CAUSE (A) Heut	Coros	were the	amposi	s about	3/46
ANTECEDENT CAUSE(S) DUE TO	: 0 ml.	he trus		1	0 4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	- 119/	1 - True		4200	rat pr
(c) Mils	al U	truosu	,	400	-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				1	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER.	ATION			20. AU	-
ON AGGISPAIT WAS HARPING IN 1 ON BLACE (II	1 01	Williams Blo Ivilliam Occ	In a con	YES _	NO [
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, I OF INJURY streat, office bids		c. WHERE DID INJURY OCC	UR? (City or fown)	(County)	Stata)
21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e, INJURY Whila	OCCURRED 2	If. HOW DID INJURY OCC	UR?		
M. at work	at work	1 4			
22. I hereby certify that I attended the deceased fro				, that I last saw the	deceased
alive on The 10, 1956, and that de	eath occurred at.	1019 AM, from the	causes and on the	date stated above.	
SIGNATURE /		ADI	DRESS Street, city, toy	n, stata) DATI	SIGNED
Filler Purces	M.D.40	trouble.	1- Willead	les hed 2/	11/56
23. BURIAL, CREMATION,   DATE THEREOF   NAME					
REMOVAL (SPECIFY)	OF CEMETERY OR C	REMATORY	LOCATION (City) tow	n, or county)	(State)
REMOVAL (SPECIFY)		EREMATORY  EMOTIAL Cemet  25. FUNERAL DIRECTOR	ery Annen		<sup>§</sup> (State)

BY HIGH PLANT OF THE TEACHER TO THE PERSON OF A TATE OF A TYRAIN

CERTIFICATE OF DEATH

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and the state of t 

BUREAU V. &

9961 91 834



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01347

#### CERTIFICATE OF DEATH 1375

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
11 4	Mid. D	1 1)
COUNTY FT MARYLAND	STATE COUNTY	11.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	CITY (If outside corporete limits, write RURAL end give neers	est town)
OR and give nearest town)  ON (in/fils place)  ON (IN (IN (IN (IN (IN (IN (IN (IN (IN (I	TOWN 10100181414	50
		90
HOSPITAL OR INSTITUTION OR 1/3 CC/ Oc. Oc. 1/2	STREET (If rural give location) ADDRESS	0011
OF STREET ADDRESS // 3 EUGEURIE KU.	113 Edge UA 18	150
		(5.6
3. NAME OF (First) , (Middle)	(kast) 4. DATE (Month)	(Day) (Yeer)
(Type or Print) 6 /128/067/ H /Z	017195 DEATH )-1	8 1056
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O		
RACE. WIDOWED, DIVORCED.	Hardha I	Days Hours I Min.
(Specify) 1-). 4-	1-69 86 yrs. Monins	Day's Hours Mill.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS		CITIZEN OF WHAT
done during gross of working life, even if OR INDUSTRY	The billion priority country	COUNTRY?
retired) SOUSOWOUT WOINE	/ A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
N. G.	7 Ander	r
100141001	! HALLER	1000
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS 4	
(Yas, ne, or unk.) (If Yas, give war or dalas of service)	7. Danilp.	111115
TOTAL CONTROL OF THE PARTY OF T	7	3 17 17 12
18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cura	ONSET AND DEATH
443× IMMEDIATE CAUSE (A) & will be for	a wa	
IMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE(S) DUE TO It   Mel bruse of	I my own it is wraff	2
DISEASES OR CONDITIONS, IF ANY, (B)	y .	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Charles and the second state of the second sta	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	Pic. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)		
	21f. HOW DID INJURY OCCUR?	
While Not while	211, HOW DID WOOK! OCCOR!	
M, at work at work		
22. I hereby certify that I attended the deceased from	- 1054 to 2-8 105% that 11	act case the deceased
	( m m ()	
alive on		above.
SIGNATURE S	ADDRESS (Street, city, town, size)	DATE SIGNED
signature they up andrew M.D.	3904 S. Hanowes St.	211-56
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR		100
DELLOVAL ANTERNA		(State)
1). 3/11/36 //en doc	verde DAILE	) .
24. REC'D AY REGISTRAR   REGISTRAR'S SIGNATURE		DDRESS
27. RECORDINAL ACCIDIANA SICIAMA		. //
DATE Feb. 14.1956 Ada Shitson	McColly Foursen	None

SMAZYZAWO STATE BEFARTMENT OF HEARTF-BARTHADES HE CERTIFICATE OF DEATH DESCRIPTION OF SHAPE OF BUREAU V. K. 9961 FT 934 the later and hard. After the are for any most for the party TSTERNAS.

# 1331 CERTIFICATE OF DEATH

01348

			01	
leg.	Dist.	No	7	

н	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY A. A. Co. MARYLAND	STATE Marylandounty B. a	1. Co.
	CITY (If outside corporeto limits, write RURAL OR and give perest town) TOWN  LENGTH OF STAY (in this place)	CITY (It outside corporale limits, write RURAL and give nearest town OR TOWN	n)
	HOSPITAL OR	STREET , (I) furel give location)	1
	INSTITUTION OR 1933 West St	ADDRESS/9334West	St
	3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) Mary Elizabeth T	(Last) 4. DATE (Month) (Day) OF DEATH 2	(Yaar) 19:3-6
	5. SEX 6. COLOR OR 7. SINGLE, MARKITO, WIDOWED DIVORCED, 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER YEAR Months   Deys	Hours   Min.
	tem ale Colf (Specify) 5-9 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
1	done Burng most of working life even If retired the second		NTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Charles Carroll	Sarah Pryos	~
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, 15. Junk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	1.1. 4 01
9	18. MEDICAL CER	THE CATION	CLS TERVAL BETWEEN
ı	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		SET AND DEATH
9	443 MIMMEDIATE CAUSE (A) Concusci	3 naces	Tary
1	DISEASES OR CONDITIONS, IF ANY, (B)	grobe-Vasuler Wiser &	egs.
ı	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		
ì	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	MATERIAL PROPERTY AND ADDRESS OF THE PARTY O	
1	DISEASE OR CONDITION CAUSING DEATH.		
0	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		S NO
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County)	(State)
i	21d. TIME OF INJURY (Month) [Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while work et work	21I. HOW DID INJURY OCCUR?	
i	22. I hereby certify that A attended the deceased from A 5/5	6, 19 , 10 2 19/56, 19 that I last sa	aw the deceased
9		7.30 M, from the causes and on the date stated above	
WOI CC	SIGNATURE Sheoder Hypns M.D. 3	3) Cabral Shel amaple M	2/19/06
١	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town) or county)	(State)
× ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S STGNATURE ADDRES	ma
>	2/15/1956 /	12): DO:	0. 1
-	DATE A TO TO TO THE STATE OF TH	Tulliam julies to lin	negroup

STORY DATE WELL BOTH AND THE AND A STORY OF THE STORY OF

# HTARG TO STADISTING

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BUREAU V. R.

9961 LI 834

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1378 CERTIFICATE OF DEATH

01349

1. PLACE OF DEATH	2. USUAL	RESIDENCE (HO	ME) OF DECE	ASED	
COUNTY Anne Arundel MARYLA	AND STATE	Md	COUNTY	- A	
CITY (If outside corporete limits, write RURAL   LENGTH OF	STAY CITY (IF	MCI .  f outside corporate limits,	write RURAL and giv		
OR and give nearest town) (in this ple	TOWN				
K Shady Side   2 da	STREET	Shady Sig	(If rure) give loce	tion)	X
INSTITUTION OR STREET ADDRESS	ADDRESS		(if furei give loce	mony	
3. NAME OF (First) (Middle) DECEASED	(Last)		DATE (Month)	(Dey)	(Year)
(Type or Print) Odessa Patricia	Thompson		EATH Feb.	1.4	19 56
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE OF BIRTH			INDER 1 YEAR	IF UNDER 24 H
Fem RACE WIDOWED, DIVORCED, (Specify) Infant		25.	Mon		Hours   Min
Fem   Negro   (Specify) Infant   10e, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	Jan. 16,19	(State or foreign country	уга.	129	N OF WEAT
done during most of working life, even if OR INDUSTRY	II. BIKIMPLACE	(Stere or foreign country		COUN	N OF WHAT
relired) Infant	Mary1	land			
3. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME			
George O. Thompson	Ma	axine Denr	v( or D	ennis	?)
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECU		ORMANT & ADDRESS	Grandfa		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Brat	nk Tongue.	Shady		Ma
18. MED	ICAL CERTIFICATION	IN TONGUE,	Shady	STOR INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONS	SET AND DEATH
7711X IMMEDIATE CAUSE (A) Pronce	- hopneur	monin		12	Davs
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)	aturity				MORFE
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			12.00		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION				20	. AUTOPSY?
				YES	□ NO □
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OOR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID II	NJURY OCCUR? (City o	r town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR While Not et work at w.	while	NJURY OCCUR?			
22. I hereby certify that - attended the deceased from	not seen by	me in li	fe <sub>10</sub> +		. Abanda a casa
-alive on					
SIGNATURE 1	occurred atwwww./lm,		id on the date : treet, city, town, state		e. Date signe
of the state of th	Shad.	0-	MAI	0. 1	9 -111
23. BURÍAL, CRÉMATION, I DATE THEREOF I NAME OF C	M.D. SVICELL	1 stole	ON (City, town of c	and c	19-51 /State
REMOVAL (SPECIFY)	IN _	LOCAL	or (City, lowing o	57	11 (State)
Burial, 113/56 St.	Mathews	Mh	ady su	de 10	la
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL	DIRECTOR'S SIGNATUR	[ / / , /	ADDRESS	. 5
ATE 710/212-10 Bille 12	nt Bun	and O.Q	les liste	Helin	w//. //

MARYLAND STATE DEPARTMENT OF REALTH-SALTIMORS, 18

CERTIFICATE OF DEATH

Seguritary No.

Water French at 1

LEB 27 1956

BUREAU V.

the beginning and seed of the first to prove much ordinary on

W. 1781

3.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate by The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

2

of this	MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMORE, 18	
Z >	Item 21 Film G193 2-29-56 EBTIELCATE	OE DEATH	
death. A	1377 CERTIFICATE	E OF DEATH Reg. Dist. No	
\$ = / X	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
事事	COUNTY arende MARYLAND	STATE maryland country a a.	
tor, th	CITY (If outside corporate limits, write RURAL CITY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
72 hour	HOSPITAL OR Shadypide not at all	STREET ((If rure) give locetion)	<u> </u>
within 7 funeral o	INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS	
rar wi	3. NAME OF (First) (Middle) DECEASED (Type or Print)  Thus  Thus	(Last) 4. DATE (Month) (Dey) (Yes	10.
registrar by the	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	OF BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER	24 HRS.
the re	mile here (Specify) Single July 2.	4, 1935 Je yrs. Months Days Hours	Min.
to std	10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH COUNTRY?	AT
filled filled	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
file tely it p	Color Tage 7 to 1	14. MOTHER'S MAIDEN NAME	
be nple rans	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS	
rificate be filed with and completely filled burial transit permit.	(Yas, no, or unk.) (If Yes, give wer or deles of service)	7- Clinton Impue, Cumbealone.	md
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETY ONSET AND D	
th cian	823 X IMMEDIATE CAUSE (A) Fractured a	kull	EATH.
physician r use as a	ANTECEDENT CAUSE(S) DUE TO	2 - 1	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CALISE	occident	
	STATING UNDERLYING CAUSE LAST, DUE TO		
quires that attending detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
requires the after e detach	DISEASE OR CONDITION CAUSING DEATH.		CM 2
2 4	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPS YES NO	
ERAL DIRECTOR: The law cate has been executed by certificate assembly should 55 10%	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State	)
R: T ecute ly st	(IF EITHER, NOTIFY MEDICAL EXAMINER)   ROAD	Churchton AA 21f. HOW DID INJURY OCCUR?	
execusmbly	Author No. 10	Car skidded - hit tree threw him out	
birect been ate asser	22. I hereby certify that I attended the deceased from Mark at all	ll 19 to 19 to 19 that I last saw the de	ceased
has bificate	alive on Mrarall, 19 and that death occurred at.		
Phi h	SIGNATURE IN LA LANG CASTING CAST	ADDRESS (Street, city, lown, stete) DATE SI	GNED
ZEE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (5	Steta)
certific death A15C 1-5	Beneral 2/15/56 Cheers	Vise & Rose Gel	
2 × 5 ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
187 64	DATE 2/12/56 Elvie West Milliami	Burned Houderty Lelverle L	1

MARYLAND STATE DEPARTMENT OF PRACTICABLINDS: 18

BUREAU V. S.

May 2015 . 190

EEB 12 1826



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK

Supply every item of information carefully. The

M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01351

1	378	CERTIFICATE	OF	DEATH
-8	* 3 4 5	CAMERICA A CARLAN	O.L.	DESCRIPTION

Reg. Dist. No. 27/

1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Ann Arundel MARYLAND	STATE COUNTY	
	CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and gi	ive nearest town)
X	OR and give nearest town) Rural  5\frac{1}{2}\text{ years}	OR TOWN Rural	47×3
	HOSPITAL OR	STREET (If rural give location)	7.5
11	INSTITUTION OR District Training School	ADDRESS Laurel, Maryland	V
3.		Last) 4. DATE (Month) (Day)	(Year)
	(Type or Print) IIICOITOI	Coole OF DEATH: Febr. 28	19 56
5.	SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR	
	male   White   (Specify): single   1-19		Hours Min.
10A	USUAL OCCUPATION (Give kind of or NOB SUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITI:	ZEN OF WHAT
1	even if retired): None None		S.A.
13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Brice Toole, Deceased	Eleanor Hibbard	
15. \	WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Ye	s, no, or unk.) (If Yes, give war or dates of service)	3133 Connecticut Avenue, N.W.	
	18. MEDICAL CERTIFICAT	ION	ERVAL BETWEEN
I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONS	SET AND DEATH
	49 MEDIATE CAUSE (A) Broncho Pne	umonia	
DI GI S	DUF TO		
	ANTECEDENT CAUSE (S)  Inanition		
GI	SEASES OR CONDITIONS, IF ANY, (B)		
S	FATING UNDERLYING CAUSE LAST.	. 1 . 1 .	
	(c) Mental Reta	rdation	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	-11	
	TO THE DEATH BUT NOT RELATED TO THE Hydroce	pnalus	
19/	. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	1 20	AUTOPSY?
		YE	
OR	. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, etc. INJURY OCCUR? (County)	(State)
1 1	TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF	INJURY While While at work at work		
22	I hereby certify that I attended the deceased from 2-16	1056 to 2-28 19 56 that I last saw	the deserred
22.			
	alive on 2-20-50, 19, and that death occurred at	11:05 M, from the causes and on the date state	ed above.
	SIGNATURE O CONTROL OF THE SIGNATURE	ADDRESS DATE SI	GNED
		. D. Laurel MD 2/2	8/56
23.	REMOVAL (SPECIEV)	ERY OR CREMATORY LOCATION (City, town, or coun	
	Burial (SPECIFY) Fels 29-56 Arlington, V	irginia Arlington, Virginia	3.
D	ATE MEST BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AD	DRESS
	EGIPTENE 28 - 1956 Collara Cousins	Joseph Gawler & Son, Inc., Wash	·, D. U.

South District 1 to the Company of t

# BUREAU V. S.

9951 L NAN.

OBAISOSIA -

indicate and a form a provider new contration

1.716

### CERTIFICATE OF DEATH



9961 88 89 1826

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1333 CERTIFICATE OF DEATH

.01353

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED		
COUNTY Anne Arundel	MARYLAND	STATE Md.	COUNTY	AA		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpora		nd give neares	t town)	
OR and give neerest town). TOWN Annapolis	(In this place)	TOWN Annapo	olis			11
HOSPITAL OR		STREET	(If rure) gi	va focetion)		15
5/ STREET ADDRESS USNH, Annapol	lis, Md.	ADDRESS	aview Avenu			
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mor	nth) (	Day)	(Year)
(Type or Print) William	Anderson	WENKER, Jr.	DEATH eb	ruary	20	19 56
		TE OF BIRTH 9	. AGE lest birthday	IF UNDER 1	YEAR  IF	F UNDER 24 HRS
M Cau. (Spe	ocify) SIVORCED,	February 1956	yrs.	Months	Deys	Hours   Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12.	COUNTR	OF WHAT
retired) —	OK INDUSTRY	Maryland			COUNIK	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
William A. WENKER		Joan Wainrig	ht GASSNER			
15. WAS DECEASED EVER IN U. S. ARMED FORCE	S?   16. SOCIAL SECURITY NO		_			
(Yes, no, or unk.) (If Yes, give wer or detes of serv			al Hospital	Pagan	do	
	_		T nospicar	necor		
I DISEASES OR CONDITIONS DIRECTLY LEADING		CERTIFICATION				AND DEATH
ME	Aspiration Pne	umonia	#763			
IMMEDIATE CAUSE (A)			" 1 - 2			
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	Acute peritoni	tis				
GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. (C)	Atresia of smal	l intestine				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3				7-0	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
	FINDINGS OF OPERATION				20.	AUTOPSY?
the state of the s					YES [	NO 🗌
OR CONTRIBUTING CAUSE OF DEATH OF INJU	ACE (Home, farm, fectory, JRY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)		(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (H	our) 21e. INJURY OCCURRED While Not while M. et work et work	21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended		19 56 10 2-2	20 19 56	that I la	st saw t	the deceased
		atll: 45AM, from the ca				
SIGNATURE (1)	, and mar deam occurre		ESS (Streat, city, tow			TE SIGNED
R PETERS LCDR MC	USN M.D.	U.S. Naval Hospita	al Anna poli	s.Md.	21	FEB.1950
23. BURIAL, CREMATION,   DATE THEREO			LOCATION (City, tow			(Steta)
REMOVAL (SPECIFY)	17. 116 1Jan	of Character	Lilina m.	1:0		U.
24 SECTION SECTIONS	GNATURE U. J. WAV	HL WHUEFTY I	DANNE DX	1515	DOECC	110.
24. REC'D BY REGISTRAR REGISTRANS	DIGINATURE	25 FUNERAL DIRECTOR'S S	IGNATURE &	AD.	DRESS	- ma
DATE 2/23/1956 111	Maurel	John 18 laster	440M9 (	Muc	tole	5/10.
30 -1511121 1111				-	1	V

# HEART CERTIFICATE OF DEATH

The English Today and the

BUREAU V. 2

-9561 43 834



To the entry of early A. C. a. C. C. a. entry of the Late City.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1334 CERTIFICATE OF DEATH

Reg. Dist. No. ユリン

01354

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Anne Arundel MARYLAND	STATE Marvland county Prince Georges
	CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give neerest town)
	OR and give nearest town) (in this plece)	OR TOWN Continue City
	HOSPITAL OR	STREET (If rural give location)
	INICITATION OF	ADDRESS
	STREET ADDRESS Homewood Convelesent Home	3718 40th Place,.
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) India Willi	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
	female white (Specify) widowed Nov 27	7, 1879 76 yrs. Months Deys Hours Min.
	10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (Stele or foreign country)   12. CITIZEN OF WHAT
1	done during most of working life, even if or INDUSTRY retired) Housewife own home	Virginia USA
,	13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME
	13. FAIRCE S NAME	14. MOTHER 3 MAIDEN NAME
	John King	? Hubble
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
0	(Yes, no, or unk.) (If Yes, give wer or detes of service)	John G. Lowder Same as No 2
g:	no none	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420. DIMMEDIATE CAUSE (A) SOLOMORUS	-HAYBINIANIN 2 HRS.
		17.70.
	DISEASES OR CONDITIONS, IF ANY, (B)	10 Medis alleraso xa Graon
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DOE TO	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES NO D
-	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED   2	RIF. HOW DID INJURY OCCUR?
	M, et work et work	
	22. I hereby certify that I attended the deceased from	
		A.M. from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Street-wity, town, state) DATE SIGNED
	Collassot Del M.D. 4	Lar Market in Churcholis Until
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Salet)
A15C 1-55	REMOVAL (SPECIFY) Burial Feb 15 1956 Fort Lines	2 2 Warm Wa
VS A	Burial   Feb 15, 1956   Fort Linco:	In Cemetery   Colmar Manor Md.
>	Al a H A i la S	
	DATE FOR 14 1950 mas Jacy Devent	F Gasch's Sons Hyattsville, Md.
	1/m. G. Frenchery-	

### CERTIFICATE OF DEATH

A THE RESIDENCE OF THE PARTY OF

BUREAU V. E.

FEB 17 1956



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

certificate has been executed by the attending physician and completely filled death certificate accomply the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

2

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01355

ADDRESS

### CERTIFICATE OF DEATH

1379				Re	g. Dist.	No	*******************
1. PLACE OF DEATH		2. USUAL F	RESIDENC	E (HOME) OF DE	CEASED		
COUNTY Anne Arundel	MARYLAND	STATE	Maryla	nd country	Baltim	ore (	Stv
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If ou		limits, write RURAL at			7103
OR end give neerest town)  Crownsville	12yrs.8mos.	OR OR	Raltim	ore City		31	10 1 10
HOSPITAL OR	1 Training	STREET	Darotu	(If rural giv	e location)	2	VO 1-4
INSTITUTION OR STREET ADDRESS Crownsville State	Hoenital	ADDRESS	325 N	Gilmor St			W.
	Middle)	(Lost)	) A) II.	4. DATE (Mon		(Day)	(Yeer)
DECEASED				OF	,,,	(Day)	(1001)
5. SEX   6. COLOR OR   7. SINGLE, MARRII		Williams		DEATH 2		5	19 56
RACE WIDOWED, DIV	ORCED,		у.	AGE lest birthdey	Months	Days II	F UNDER 24 HRS. Hours   Min.
		known		57? yrs.	-	-	
done during most of working fife, even if OR	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (SI	ete or foreign	country)	12.	COUNTR	OF WHAT
relired) Housewife		Virg	inia				S.
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME			
Henderson Harris		Flo	rence !	Powell			
	SOCIAL SECURITY NO.	17. INFOR	MANT & ADE	RESS			
(Yes, no. or unk.) (If Yes, give wer or dates of service)	Unk.	Но	snital	Records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER		-		Т		AL BETWEEN
	ondary Anemia					ONSEI	AND DEATH
	of Cervix						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION						AUTOPSY?
21e, ACCIDENT WAS UNDERLYING   1 21b, PLACE (Home			-			YES	NO K
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STOOT, OF	ffice bldg., etc.)	tc. WHERE DID INJU	JRY O CCUR?	(City or town)	(County	·)	(Stata)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. While		21f. HOW DID INJU	RY OCCUR?				
M. et wo							
22. I hereby certify that I attended the decea	sed from $1/2$	1, 19 48	2	/5 19 56	, that 1 1	ast saw	the deceased
alive on 2/5 , 19 56 , and	that death occurred at.	5:00 am, fre	om the cau	ses and on the d	ate stated	above.	
SIGNATURE MUULLERY	(L. Benedict,		ADDRE	ss (Street, city, lower nsville, Me	n, steta)	DA	2/5/56
23 BORNAL REMATION DATE THEREOF	NAME OF CEMETERY OR	CREMATORY (	o d	LOCATION (City, town	o, or county)		(Stata)
24 REC D SY REGISTRAR THE REGISTRAR'S SIGNATURE	Max Im	1 25. FUNERAL DI	SECTOR'S SIG	MATURE	81	DDRESS	

Yours

HARVEARD STAYF DEPARTMENT OF HEALTH-RAISTINGER IT

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. At certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

death.

executed within 24

death. After this ird copy of this

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1380 CERTIFICATE OF DEATH

01356

	Items 12 25 FilmG193 2-28-56	et.		R	eg. Dist. No
1	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
ı	COUNTY ANNE HRUNDEL	MARYLAND	STATE MARYL	AND COUNTY	ANNE ARUNDEL
	CITY (If outside corporete limits, write RURAL OR end give naarest town)	LENGTH OF STAY (in this place)	CITY (If outside corp	orate limits, write RURAL e	nd give neerest fown)
	X TOWN MILLERS VILLE	2 WEEKS	TOWN FERN	DALE - G	VEN BURNIE FE
	HOSPITAL OR INSTITUTION OR	.,	STREET ADDRESS -	(If rural gi	ve location)
	9 STREET ADDRESS DANN'S NURSI	NG HOME	/// /	FERNDALE	ROAD
	3. NAME OF (First) (A	(iddle)	(Lost)	4. DATE (Mor	nth) (Dey) (Yeer)
	(Type or Print) JOSEPH —	- (1/17)	TKOFSKY	DEATH /	B 13 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	B. DATE O	F BIRTH	9. AGE last birthday	IF UNDER 1 YEAR   IF UNDER 24 HRS
	MALE WHITE (Specify) WID	OWED JUNE	= 3, 1874	8/ yrs.	Months Days Hours Min.
		OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
2	retired) MOUIDER (RET.) B+	O. R.R.	GERMANY	/	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	UNKOWN		UM	KOWN	
		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	111 Ferndale Ro
0	(Yes, no, or unk.) (If Yes, give wer or detes of service)	NONE	MR. John	KickerH	Ferndale, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	450. IMMEDIATE CAUSE (A)	medan	erid Hehe	orkero	5
	ANTECEDENT CAUSE(S) DUE TO	11.	4 ,		7'
	DISEASES OR CONDITIONS IF ANY. (B)	eapley.	N		,
	GIVING RISE TO THE ABOVE CAUSE DUE TO				
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE				
н	DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
0					YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, fectory, 2 ice bldg., etc.)	16. WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)
7	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While	Not while	21f. HOW DID INJURY OCCU	IR ?	
	M. et wor	*D / /	11.	113/5/	
	22. I hereby certify that I attended the deceas		3.619 to	/	, that I last saw the deceased
Y	signature , 19	hat death occurred at		causes and on the causes (Street, city, tow	
1-55 10M	Gustine Afrechest	W M.D. ls	len Bus	nil. He	9 2/10/54
2	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, low	n, or county) (Stete)
A15	BURIAL FEB 16,1956	HOLY RE	DSARY CEM.	DUN DALK	- BALTO, MI
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	DATE 1956 2. M. Jan	yee,	Singleton Fu	meral Home,	Glen Burnie, Md.

# HTARG TO STAPRITEED PERIN

FEB SI 1956

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BUREAU V. S.

2

PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1335

01357

Reg. Dist. No .... 1 2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY Q Q MARYLAND	STATE MD COUNTY AA	
	CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (It outside corporete limits, write RURAL and give nearest town) OR	
	10 TOWN GAMADALIA	TOWN Shadyside	
	HOSPITAL OR INSTITUTION OR	STREET (If rural giva location) ADDRESS	14
	STREET ADDRESS anno arundel Leveral	Nontrag .	
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Ye	er)
	(Type or Print) FFFIE MOORE WOOLD	VERTON DEATH Feb 21 19	56
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	BIRTH 9. AGE fast birthday   IF UNDER 1 YEAR   IF UNDER	
	Female Willite Specify Single oct 2	4 1876 79 yrs. Months Days Hours	Min.
		BIRTHPLACE (State or foreign country)     12. CITIZEN OF WH COUNTRY?	IAT
1	retired) Lifout Clerk Clerical	41551551PP1 USA	7
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	James Skiney Woolverton	FannieLee Tolson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	CHASE BALDWIN JIZ	
0	(Yas, no, or unk.) (If Yes, give war or dates of service)	1203 Blaine Dir. Choughuse	Md
ø	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	
ı	Chamic Made	I a mayer Tenhencia 3 tons	
H	DIE TO	September 2 July 1	
ı	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	V	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY?
	2	YES Q NO	
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, form, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c, WHERE DID INJURY OCCUR? (City or town) (County) (State	a)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	16. HOW DID INJURY OCCUR?	
	M. et work at work		
	22. I hereby certify that I attended the deceased from 21.	, 1953, to	ceased
		2. A.M., from the causes and on the date stated above.	
200	SIGNATURE 1 M 1 /	ADDRESS (Street, city, town, state) DATE S	IGNED
-22	23. BURIAL CREMATION. I DATE THEREOF I NAME OF CEMETERY OR C	REMATORY   LOCATION (City, town, or county)	(Stete)
0	REMOVAL (SPECIFY),		2(4(6)
<	Entoinbinent 2/33/36 Fort LINCOLD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	
1	Da Carolla	D All A QI A DURESS MI	1.1
1	DATE Colonia	Bernard Hardrey Halesville	4

AL ANDMITTAGE STATE OF PERSONS OF ALLEGATIONS OF AL

1750

## CERTIFICATE OF DEATH

BUREAU V. S

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1381 CERTIFICATE OF DEATH

01358

Reg. Dist. No. 24

1. PLACE OF DEATH		2. USUAL RESIDE	INCE (HOME) OF D	ECEASE	ED			
COUNTY Anne Arundel MARYLAND		STATE Md.	COUNTY	A#	1			
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY			porete limits, write RURAL e	end give ne	erest town	)		
X TOWN Millersville & Run	al) (in this p	olece)	TOWN Elva	ton, Millers	ville	PO,	3	6
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rurel give location ADDRESS		ve location	n)			
3. NAME OF (First) DECEASED (Type or Print) Frederick	(Middle)		(Lest) Zick	4. DATE (Mo OF DEATH 2	onth)	(Day)	(Yea	56
RACE WID	GLE, MARRIED, DOWED, DIVORCED, DOWED, MARRIED	8. DATE O	of BIRTH 26,1883	9. AGE lest birthdey 72 yrs.	Months Months	Deys	IF UNDER Hours	24 HR   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES OR INDUSTRY	S	11. BIRTHPLACE (Stells or fo	reign country)		12. CITIZE	N OF WHA	AT
13. FATHER'S NAME	Meat Market	U	1 14. MOTHER'S MAIDER		1		WORL	
Henry F. Zick			Barbara					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give war or dates of sen	(lce) 215-01-J	1587	Mrs Viola	Zick, Elvat	on, F	Pasade	ena, l	id.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH		
42 / IMMEDIATE CAUSE (A)		al )	Hemorkaj Iscular 2	~		1	weel	
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Cardio	. Va	rscular 2	Disease		5	geh	20.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	g							
19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	Ν				20 YES	O. AUTOPS	-
21e. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fector) JRY street, office bldg., etc	y,	21c. WHERE DID INJURY OCC	UR? (City or town)	(Cor	unty)	(State	)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (F		URRED twhile work	21f. HOW DID INJURY OCC	UR?				
22. I hereby certify that I attended alive on	and that death	/ 1	1. Le P. M. from the AD 108 Contral Co	DRESS (Streat, city, toy	date statem, state)	ed abov	e. DATE SI	
PRILITION 1/5/24. REC'D BY REGISTRAR'S	SIGNATURE (	Glen Ha	ven Memorial 25. FUNERAL DIRECTOR	Glen Bussing Rickley, Gle	Qui	ADDRESS		

ST JORGIJAS-HTLASH TO THEMTERS STATE CHALTELL IS

# 1887 CERTIFICATE OF DEATH

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# ERTIFICATE OF DEATH

MINISTER STATE OF THE STATE OF	THE TOTAL OF DESIGNATION	110.					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:						
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY						
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)						
OR and give nearest town) (in this piace)	OR TOWN Severna Park						
TOWN	TOWN SEVERMA PAIR	X					
HOSPITAL OR Cat-Tail Creek, Tributary	STREET (If rural, give location)	1					
INSTITUTION OR STREET ADDRESS Stream of Magothy River	ADDRESS Box 356-A, Magothy Road						
3. NAME OF (First) (MIddle)	(Last)   4. DATE (Month) (Day)	(Vasa)					
DECEASED:	OF O	(Year)					
(Type or Print) Otto Karl	Zwanzig DEATH 2 9	19 56					
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR							
Male RACE: WIDOWED, DIVORCED, White Specify): Divorced May	10. 1885 70 yrs. Months Day	Hours   Min.					
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT					
work done during most of work life, INDUSTRY:		COUNTRY?					
even if retired): Retired	Germany	U JA					
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:						
Karl Zwanzig	unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS 1325 N. Linwood	Ave					
no service) none 21.7-32-8957	Mrs Frieda Hylla, Baltimore, Md						
18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
i. Diseases on conditions directed beading to beatiff.		ONSET AND DEATH					
Immediate cause (a) Drowning							
Immediate cause (a)Drowning							
Antecedent cause(s)							
Diseases or conditions, If any, (b)							
giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISSECT	ing Aortic Angumen						
DISEASE OR CONDITION CAUSING DEATH.	TITE VOL OTO MILOUTA SIT						
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?					
		Yes 🖺 No 🗌					
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory	7,   21c. (City or town) (County)	(State)					
PRIMARY or CONTRIBUTING OF street, office bidg., etc CAUSE OF DEATH.	" Anne Arundel	Md.					
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?						
OF 1NJURY 2 9 56 3:45 While at work at work	Fell in Water						
22. I hereby certify that I took sharge of the remains descri	hed above, held an Autopsy I. Inspection I.	Inquiry   and					
find that death resulted from: Natural causes [], Acci							
SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED					
March Men-	DEPUTY MEDICAL EXAMINER	2/10/56					
John J. Com	M. D. ASSISTANT MEDICAL EXAM.						
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	RY OR CREMATORY   LOCATION (City, town, or cou	nty) (State)					
Burial 2/13/56 Loudon Park							
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS					
7. 1. 13, 1956 L. J. D'alba	Hopping and Kirkley, Glen Burni	e, Md.					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

